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CALIFORNIA
AND
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VOLUME XXIV JUNE, 1926 No. 6

SOME METHODLESS MUSING FROM ROME

By LANGLEY PORTER, M. D., *San Francisco*

THE EDITOR—Langley Porter, who has been in Europe for more than a year, forwards this useful narrative from Rome. Doctor Porter is far enough away from the trees to see the forest of American medicine, and he finds it comforting scenery. At the same time he tells us many interesting things about the work of our colleagues and health institutions abroad, and he makes his narrative entertaining as well as informative.

IT WOULD seem that if there is any effective Internationale, it is to be found in the fraternity of the medical profession. Of course, the Internationale of the Church of Christ is organized and co-ordinated to the highest degree that lamest zeal and human intelligence permits, but the brotherhood of medicine with its zeal for the achievement of any knowledge that will advance the art of healing is a building force that brings men of alien speech and diverse race into a constructive unity that is a close second to the Church, certainly far more useful and effective than the Reds, so that anywhere in the world the mere fact of membership in our profession opens the gates of friendship and the gates of opportunity that are in the keeping of the local men of medicine. Nowhere is this more true than in Italy, and to the visiting American, especially, is welcome offered. It is gratifying to him to find how many of his Italian colleagues speak English. The younger men, especially those interested in surgery, say that now one must know English, for, if they were unable to follow the American and English journals, they would be lost. Those of the Italians interested especially in internal medicine, in pediatrics and in biochemical research are laudatory of the work done in the United States and follow its every development with the keenest interest.

It makes one proud to be an American and to find the way in which the European values the work of our countrymen, and it makes one a little ashamed to think how little we reward our great men and how much of their work, in our rush and drive, we take for granted and forget to appreciate.

As for the kind of work the Italian physicians do, you, in California, have heard of Putti of Bologna just of late. Everyone has heard of the work of Bastianelli and Alessandri in surgery, of Marchifava and Grassi in malaria prevention, and of the tremendous foundation work enshrined in Lucianis volumes in physiology, and in the history of medicine there are names famous in the annals of medicine which Italians honor quite as much as they do the heroes whose laurels were won in war or in government.

Many an Italian street is called Via Morgani, or Via Volta. Art, too, has enshrined the masters of medicine in statue and fresco. The Italians are proud of their universities; for more than a thousand years Bologna, Padua, Pisa and Perûgia, among others, have kept alive the traditions of learning, especially the Hippocratic tradition, throughout the dark ages and have been foremost in every educational revival up to the twentieth century. Particularly are they proud that legal medicine has been taught continuously since the early years of the twelfth century.

Speaking of legal medicine, the Institute of Legal Medicine at Rome, a part of the University Medical School, is a remarkable institution. It is a monument to the vigor and personality of one man, the Director, whose long life—he is now well past his seventieth year—has been devoted to the development, organization and administration of this work.

The corpse of every human dead by violence, whether accident or criminal violence, murder or suicide, is brought under the searching investigation of the institute. Every medical student has the opportunity of observation of each deceased and of instruction in means for working out causes of death, and in the legal implications and responsibilities in each case. There is no coroner among the Roman city officials. The institute makes all investigations and examinations of the actual body, and hands its records to the examining magistrate who decides whether or not accidents are due to culpable or avoidable negligence, and whether the person found dead was a suicide, the victim of murder, of accident, or of death from natural causes. The body is untouched by anyone, even police, until it is inspected by one of the physicians of the institute. This physician makes a complete visual examination, recording his findings without disturbing the corpse. He then photographs it and then transports it to the institute in a special, closed vehicle. The corpse is then thoroughly examined by two physicians, and all findings added to the first record. After this it is placed on a wheeled stretcher and put into a compartment where it is frozen. No one other than the institute staff is permitted to view the dead, whose face has been photographed in

several positions. These photographs are exposed to view in an outer room. Only one who satisfies the authorities that he has a missing relative or friend may view these photographs. If he thinks he identifies them, the frozen body on its wheeled stretcher is transferred into a glass refrigerating chamber, in a special viewing room, and is viewed by the claimant in the presence of the magistrate who takes all the details of the claimant's story down in legal form. When the viewing is terminated, the body is returned to the closed section of the freezing chamber. In this way all the morbid horrors and disgraceful pandering to morbidity prevalent in the morgue system are avoided.

For the students, the same wheeled stretcher can be placed on an elevator, transported to the lecturer in the classroom and returned to the freezing chamber without being touched and with all the respect due to a dead human being.

The pathological collections used for teaching are probably unequalled in number and interest. The results on bone from every possible kind of injury, gunshot and otherwise, are there, together with a full history of the circumstances of the injury and the appearance presented by the fresh tissues as a result of the damaging forces. Numerous are preservations of the soft tissues of the drowned, from which the students are taught to recognize the changes that various periods of immersion cause in the body structures, especially the fat. Then, too, there are laboratories in which are practiced and taught the biological reactions that identify human blood, sperm, milk and other fluids, from those of animals. This institute is altogether a remarkable tribute to Roman medicine, but especially to its director.

The institute works in close contact with the other branches of the Polyclinic and the City Hospital. These two institutions are models of organization and administration. They are housed in some twenty or more pavilions and their combined bed space runs to upward of 2500 beds. Of these, the Polyclinic, which is under the administration of the authorities of the medical school of the University of Rome, disposes of roughly 1200 beds. These beds are occupied by patients suffering from disease in the acute and subacute stages. When the disease becomes chronic, or when its manifestations cease to be of value for the instruction of the student, the patient is shipped to the nearby pavilion of the City Hospital, which undergraduate students do not visit. The result of this plan is a diagnostic clinic of the first importance, convenient for patient, physician, and student. The surgical, x-ray and laboratory appointments are most modern and they are used to the utmost. In the large central pavilion given over to administration is a very complete library; naturally, for the most part, the volumes are Italian, although nearly as many are French. German books are there in abundance, while English standard works are not wanting. Especially are English and American periodicals well represented. The fundamental education of the Italian student supplies a real knowledge of French and German, often with a reading knowledge of English. There, French and German are the real things, not the irritating and imperfectly understood attempts at languages our medical students usually bring to the library from the academic classrooms.

The pediatric department of the Polyclinic consists of a group of pavilions, in size about the same as the San Francisco Children's Hospital. It is new, part of it still in an unfinished state. At present, only three wards and the laboratories are in a going condition. It is here that Caronia is working with the method that he has devised for growing anerobic cultures of filter-passing organisms. He and his pupils are busy trying to relate such organisms to the various acute communicable diseases so common in childhood. The first of the filter-passing anerobes credited with pathogenicity was the organism first described by Di Cristina of Palermo, an organism which he and his pupils believe to be the cause of scarlatina. They hold that the role of the streptococcus is as a complicator. Caronia, formerly Di Cristina's pupil and now the foremost experimenter in this field, reports the growth of anerobic media of the virus of measles, of vaccinia, of German measles, of herpes zoster and chickenpox. Much interest is being evinced in the work, and many in Germany, France and Poland are duplicating the researches. One of the most interesting practical results of the work is the apparent possibility of immunizing against measles by preventive inoculation with killed incubated cultures started from bone marrow or nasal washings of measles' patients. There are several thousand observations made by various observers and there seems to be little reason to doubt that immunity is conferred. Recently, certain Polish observers, redoing the work, claim to have found that the unseeded medium used, which is prepared according to the methods of Tarroggi and Noguchi, is equally potent in protecting children against measles infection. Caronia himself had tested this point and in his experiences he found that while cultures protected, the mediums did not.

The whole nature of the microscopic organism is such that its very presence must be inferred from changes produced in the culture medium during its life cycle, for its minuteness renders its individual identification impossible. With such a nature, it must be that much conjecture and interpretation are imported into the problem while controversy and argument lead to complicate a field already complex enough. If, however, the Polish investigators are right, and a culture medium which contains ascitic fluid and autolyzed healthy rabbit tissues can protect a human child against the agent of an infective disease like measles, then there is opening a new chapter in immunology and one that is of utmost importance to preventive medicine. One striking evidence there is in favor of Caronia's work: On his service, patients with measles, scarlet fever and diphtheria occupy the same ward, protected from the diseases which they have not contracted by inoculations; and cross infections do not occur.

The Polyclinic department of Pediatrics has a much smaller hospital than the "Ospidale del Bambino Gesu." This is a fine workmanlike hospital,

where the ward work is well organized, the children well cared for and happy looking. One striking difference in the modes of treatment stands out; even in the infants' wards, the Italian's overweening passion for hypodermic medication is manifest. Every clinic table and doctor's desk is piled high with boxes of ampouls, and every drug store window is decked with an array of cute little miniature bottles of every conceivable color; truly esthetic displays they are in every color of the rainbow, for every ill that flesh is heir to, to be self-administered. They have even gone so far as to provide a self-loading spring-acting hypodermic shot by a trigger that can be used with one hand; and that's no joke, it's the solemn truth. A hundred iron preparations, in as many colors, dozens of iodides, arsenics of every sort, and, most popular, the not specific protein preparations which are advertised for every ill from tuberculosis to that tired feeling. The explanation given with the wrapper is that the protein injection stimulates and elevates all the body's powers of resistance and particularly increases the tone of all the nervous system, especially those parts in which Vorchoff has been so successful in interesting the aged and overworked. There is, however, one line of hypodermic medication that seems to produce results little short of miraculous, that is, the vaccine treatment of typhoid.

Typhoid fever patients crowd the wards, especially of the children's hospital of southern Italy, and private practitioners say that innumerable unrecorded cases are treated at home. Two types of vaccine are used, a simple autogenous and an autolized. The latter is preferred by men with most experience. Autolysis is produced by the addition of one or two cubic centimeters of convalescent typhoid serum to thirty of a broth culture of the B. Eberth that has had twenty-four hours' incubation. This is then incubated for twenty-four hours more. Convalescent serum in like amount is added and a third incubation is undertaken. By this time all bacteria should be autolyzed, but for the sake of safety the culture is treated with tricresol or formol. In many patients one injection brings on a critical drop in temperature. Most need not more than two injections to produce the result and it is rare that more than three injections have to be given. An examination of literally hundreds of records from the files of several different hospitals in Rome and in Naples shows that the vaccine has a specific action. Many of the patients were deeply toxic, some seemed almost moribund on admission, but in every instance the reaction was similar and recovery ensued. Of course, the very toxic patients were longer convalescing and they were more subject to complications.

Syphilis and tuberculosis are very common and Potts disease, especially, is frequent. Helio-therapy is now in general use in the children's and orthopedic hospitals of Italy. The treatment of syphilis is much the same as in America. Bismuth has had a vogue, but is falling into disuse. Neosalvarsan is the standby. Some of the clinicians are enthusiastic about an arsenic preparation—Treparsolo—which is especially given by mouth. Flammini, who has charge of the foundling asylum where some 28 to 30 per cent of the babies born are syphilitic, finds that the drug is taken well, rarely causes diarrhea, and causes the Wassermann reaction to disappear as rapidly as it does in controls injected with neosalvarsan. Should future experience continue favorable, physicians will have found a useful adjunct in the treatment of treponema pallida injections.

Among Italian physicians, great interest is being aroused in the anatoxin of Ramon. These are the filtered toxins of diphtheria and of tetanus treated with formic aldehyde. The treatment seems to render the toxin innocuous, injected, however, in three doses spaced at three- to five-day intervals, each dose larger than the last. The anatoxin, as the treated toxin is called, invades the body and affects the cells in such a way that subsequent lethal doses of the toxin have no noxious effect. Here again there is opening a wide and important area in immunology. When the biochemist can tell us why formol added to toxins renders them innocuous, yet does not impair their power to stimulate animal tissues to produce immunity against untreated toxins, perhaps we will get an inkling into the real nature of infections, toxaemias, and the reactions which protect the animal cell against them.

While the practice of medicine is orthodox and like enough to the routine of its practice among ourselves, the difficulties encountered by the public health authorities are evident. The health officers are scientific, well-trained men. Especially in the Institute of Hygiene, where are the two Alessandrinis, a model institution where bacteriology and parasitology are investigated and taught in a masterly way. But what can even genius do in the face of the poverty, the bad housing, the lack of fundamental instruction which leave the great mass of the population with no mental receptivity for the lessons the hygienist strives to teach. The war did a lot to inform the younger generation about the dangers of uncleanliness, but to see the way in which food is handled in Rome and Naples is to understand the high morbidity from diarrheal diseases that afflicts Italy. Windy cities these are; with every gust, dust is lifted to whirl into the open doorways in which hang hams, cheeses, strings of sausages, fish, fowl, meat, and on the open shelves of stalls loaded with fruits and vegetables. The methods of handling milk, too, are primitive. In Naples, cows and goats are driven about the streets and milked at the consumers' door into a can or bottle that has been let down by a cord from an upper window. The milk is consumed before its bacterial content has time to develop, but in Rome such methods are forbidden with the result that daily milk is brought from distant farms, handled by ignorant, slovenly boys in dark cellars in a way almost incredibly unsanitary. Altogether the lack of care in the hygienic handling of foodstuffs accounts in a large measure for the 300,000 children under four years of age who succumb to those diseases usually classed as diarrheal.

In Naples, where they think that 100 or more cases of typhoid monthly is a light visitation in a population of 100,000, surface drainage of flood waters is the rule. Dogs and children deposit their intestinal secretions everywhere about on the streets.

The venders of vegetables who have their green goods spread out on the same streets can be seen every few minutes dipping brushes into the waters that flow through the gutters and sprinkling the greens to keep them from wilting. It would take one sanitary inspector to every twenty of the population to reform the unsanitary habits of the Neapolitans.

That there is so little emergency hospital surgery from automobile accidents is a marvel to a stranger viewing the intricate tangle of traffic in a south Italian city for the first time. Narrow streets, street car lines, foot passengers who crowd not only the inadequate sidewalks but fill also the roadways, streets that are hardly more than tortuous winding lanes, automobiles by the hundreds. No rules of the road, every man driving where and how he can, and yet all going smoothly, quietly and fairly rapidly. It is a tribute to the Italian character and the national catchword, "Pasienza," patience. Autos dart onto the street car lines, it seems that collision is inevitable, the chauffeur raises his hand, the motorman slows or stops as the case may be. An automobile is forced into the path of another approaching and quite as a matter of course the approaching driver swerves to accommodate the encroacher without noise or comment. Slow-moving vetturas, horsedrawn carriages, are avoided and as for pedestrians who swarm in the roadways, they pay no attention whatever to the traffic. It is accepted that the drivers of motor cars will avoid them and they go serenely and confidently on their way. With all this lack of organization in the traffic, Naples in a year has fewer persons injured by traffic accidents than San Francisco in a fortnight. The responsibility is all on those who use vehicles—automobiles, street cars and carriages—and they live up to it. It is interesting that on January 1, Rome instituted squads of traffic police and replaced, by a system of traffic control based on American practice, the haphazard older lack of direction. Immediately the drivers shifted the burden of responsibility onto the traffic squad and lost their interest in protecting the pedestrian, and the other drivers forgot their courtesy, with the result that in three months under the new system there has been more for the emergency hospital staff from automobile accidents than in the twelve months preceding.

There is so much of interest in the various aspects and implications of medical practice in modern Rome that a mere reference to all of them would fill many pages, yet these things, fascinating as they are, by no means exhaust the doctor's interest in Rome. On every hand are to be found evidences of the intimate part our profession played in the 2500 years' history of this fascinating city. Even twenty centuries ago, when Rome was little more than a collection of wigwams planted on the top of the Palatine Hill, a hill surrounded on every side by marshes, it had a temple raised to the goddess Fever, in their tongue, "Febra." If one can judge cause by effect, the goddess was propitiated, for after many years fever disappeared from that Roma Quadriga built on the Palatine Hill. It is true that because of the need for wheat lands and cattle pastures, the surrounding marshes had been drained with great labor. We moderns may infer that with the puddles in the marshes went the mosquito and with the anopheles, the plasmodium, but to the Roman, unlearned in epidemiology, a placatable goddess was a great comfort and, as a result, Februa had her shrine and her priests and her votaries up almost to the time of the great Julius Caesar, who died but a few years before the coming of the Christian era. When these very marshes were covered with temples, law courts and triumphal arches and columns from which Rome ruled the known world and from which emanated most of the fundamental laws and political ideas which keep the world today in the paths of civilization, at the foot of the Palatine was another temple of interest to men of our craft, the temple of Jotuma, goddess of the sacred spring of healing waters, that was served for more than a thousand years by an unbroken line of maiden priestesses, as was the neighboring shrine of Vesta which protected the sacred fire. A wise old priest king of the very ancient days of Rome's history, one Numa, laid down the laws and cults that surrounded these temples. It seems that he was one of those supermen like Moses who saw the force of hygiene and the need for an uncontaminated water supply, and, also, in the days when fire making was a little understood art with an extremely difficult technique, the need for an unfailing source of coals for kindling the hearts of his people. Also, dealing with a superstitious, savage, untutored, careless race, he concluded that only by surrounding the city's water and fire supplies with the protection of religious observance could he secure them to his followers. Therefore, he obtained a convenient revelation and the cults of the two goddesses were established, not only established, but maintained until the time of Constantine, more than 1000 years later. The ruins of the Fountain temple of Jotuma are still to be seen in the Forum, and just behind it, part of it, in fact, is a temple of Esculapius, one of the first established in Rome.

But I have already overrun your patience, I am sure. The hundred and one Roman remnants that testify to the extent and diffusion of the cult of Esculapius are so interesting and so bound up with the history of medicine as it was practiced in the city of the Caesars and lead so directly up to its full flowering in the Hippocratic revival at the time Galen and his disciples appeared that to embark on such a discussion would be to overstrain the courtesy of your hospitality.

If you were a soldier in the ranks and failed to keep step with your comrade, you would be reprimanded severely by your commanding officer.

If you failed to keep step with your partner on the ballroom floor, you would soon be shunned or ignored by good dancers.

A church choir would be a nuisance with three or four voices out of time.

Are you, as a doctor, whether you graduated forty years or two years ago, keeping step or time with the progress of the science of medicine? — West Virginia Medical Journal.

SULPHARSPHENAMINE: INDICATIONS FOR ITS USE AND TECHNIC FOR INTRAMUSCULAR INJECTION

By Irwin C. Sutton *

Sulpharsphenamine is probably as active as neoarsphenamine when given in large doses, but only small doses (0.4 gm.) may be given in the muscles. It is very toxic in the abortive treatment of syphilis, and when large amounts are administered.

Purpura and peripheral neuritis do not seem to be as common following intramuscular injection as when the intravenous route is used.

When the drug is given correctly into the muscles severe reactions are few, but cysts may form in spite of all precautions.

Cutaneous reactions are frequent and must be guarded against to the utmost. This may or not may not be due to the concomitant use of mercurial inunctions.

Herxheimer reactions, probably due to the slow absorption of the drug, are rare, especially where a gradual introduction to treatment is made.

Discussion *by Harry E. Alderson, San Francisco; Samuel Ayres, Jr., Los Angeles; Howard Morrow, San Francisco; A. Edward Roome, Los Angeles.*

SULPHARSPHENAMINE is a formaldehyde bisulphite preparation of arsphenamine base. It is similar to neoarsphenamine, but according to Fordyce, Rosen, and Myers, differs chemically in its action toward dyes and in its oxygen content. Like neoarsphenamine, it also varies greatly in its composition, but is more stable both in and out of solution and has the important property of being tolerated by the muscles when injected intramuscularly *by a correct technic.*

This drug was a forerunner of neoarsphenamine, but was rejected by Ehrlich in favor of the latter, chiefly because of the lower activity and higher toxicity of sulpharsphenamine. The French prepared a product called sulpharsenol about 1918 which was investigated by Voegtlin in 1922. It was finally found that the American and foreign products were practically identical. The present status of this drug seems to be below not only arphenamine but also neoarsphenamine in tolerability and trypanocidal action.

The chief advantage of sulpharsphenamine is that the drug may be given into the muscles. This is important for the physician who is not adept at venipuncture, particularly in infants and those patients with inaccessible veins. Intramuscular injection automatically removes those early or nitritoid reactions, due to the sudden administration directly into the circulation of powerful drugs. R. L. Sutton has for years practiced the intramuscular injection of old salvarsan in concentrated solution. Like Craig, he believes that "one intramuscular injection is worth two intravenous injections." The advantages of intramuscular injection may be summed up as follows: a slower absorption with more prolonged action on the infection, avoidance of early reactions, a simplified technic, and the fact that it may be used where venipuncture is difficult or hazardous. The chief drawbacks are pain, either slight or severe, and the formation of cysts and painful nodules.

In early syphilis, abortive treatment with large and frequent doses of sulpharsphenamine is distinctly hazardous. The treatment usually carried out consists of an intramuscular injection of 0.4 gm. sulpharsphenamine every three days until three injections have been given; then one every five days until five more injections have been given. The mercurial inunctions are started with the third injection and continued until thirty are taken at the rate of six a week. Under this combined therapy, Stokes and Behn found that the spirochetes rapidly disappeared from the early lesions and that healing was prompt.

In latent and all late stages of syphilis the drug may be given every five days for a series of six to eight injections, depending on tolerance, and individual indications, with mercury in the form of inunctions. I have found the "clean inunction" method of Cole very useful in securing the co-operation of the patient in this procedure.

In central nervous system syphilis, sulpharsphenamine may be used before resort to the special procedures of spinal drainage, intraspinal administration of fortified and unfortified blood-serum and intravenous injections of tryparsamide. The early reports on sulpharsphenamine by Voeghtlin and others as to its potency in neurosyphilis have not been confirmed.

In pregnancy the dose should be cut in half and mercury administered very cautiously if at all. For the treatment of infantile syphilis sulpharsphenamine is of great value, as shown by Boone and Welch. Crawford and Fleming of Glasgow, however, found its action, as judged by Wassermann tests, inferior to arsphenamine and neoarsphenamine, but the symptomatic results in congenital syphilis remarkable. Infants stand treatment with sulpharsphenamine very well and with but little reaction to the injections. The dosage should be about 15 to 20 mg. per kilogram of body weight. Mercurial ointment may be easily applied under the binder.

In cardiovascular syphilis and in acute syphilitic processes in structures where it is imperative not to produce a Herxheimer reaction, sulpharsphenamine may be used cautiously following preliminary treatment with iodids and mercury.

This preparatory treatment should consist of one or two weeks with rest in bed if necessary; potassium iodid in doses of five drops, gradually increased to fifty, three times a day, and daily intramuscular injection of ¼ gr. mercury succinimide. Then intramuscular injections of sulpharsphenamine, starting with 0.2 gm. and increasing to 0.4 gm. every five days may be given and the mercury inunctions substituted for the injections.

While the statement appears on the ampule that sulpharsphenamine may be given subcutaneously, the pain and danger of sloughing precludes this method in my experience.

The essence of the technic for intramuscular injection consists in the dilution of the drug, and the amount of drug used. Following the suggestion of Claude Behn, I use three drops of sterile tap water for each decigram of the drug, and never inject more than 0.4 gm. and preferably 0.3 gm.

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Following the outline of epifascial injection technique given by J. H. Stokes, I have very few local reactions. This consists briefly of the following points:

With the patient lying prone with the toes in, the heels pointing out, the buttock is pulled down and the injection made by a quick down stroke with a long slender needle into the upper outer quadrant of the hip. The needle should slant slightly downward and inward. A bubble of air is injected on the top of the fluid, which acts as an air trap and, with the sliding of the muscles on their release, and the use of a slender needle, effectively prevents a backflow of the drug into the subcutaneous tissues along the needle tract. This leaking along the needle tract is the most common cause of painful indurations under the skin. I usually advise my patients to take a walk or climb stairs, for the exertion seems to help absorption and shortens the discomfort. It will be found that muscular and well developed people will stand the injections best; obese and nervous thin patients tolerate them but poorly.

TOXIC AND UNTOWARD EFFECTS

The complications of sulpharsphenamine treatment resolve themselves into those due to the deposition of an irritating drug in the tissue and those due to the inherent toxicity of the drug itself.

Painful reactions are not infrequent without the formation of nodules. These usually disappear with a sedative, hot sitz bath, or application of a heat lamp to the buttock. The nodular reactions are more lasting and may require repeated hot applications before they leave. Several times, on aspirating before injection, I have drawn up chocolate-colored fluid into the syringe from an old cyst. These cysts may not be seen on the surface, and only discovered by deep palpation. They are usually painless and their presence unknown to the patient. Abscess formation is practically unknown, but has been reported in obese patients. This was probably due to the deposition of the drug in the fatty tissue by too short a needle.

Peacock and Stokes and Behn have reported purpuric spots on the skin and mucous membranes after the intravenous use of sulpharsphenamine, but I have never known it to follow the intramuscular injection.

Belding noted a high incidence of peripheral neuritis in his patients who received large doses at frequent intervals. This is a serious objection, but does not seem to occur very often following intramuscular injection.

Erythrodermias following the use of sulpharsphenamine are very common when large doses are given directly into the veins. In combination with inunctions of mercury the intramuscular injection of the drug also gives a high percentage of cutaneous reaction.

Thus in the abortive treatment for syphilis three out of five patients developed a rather severe generalized dermatitis when the inunctions were started, after the third injection.

One man who had been saturated with cacodylates was put on sulpharsphenamine intramuscularly for nonspecific treatment. Four hours after his first injection he had to scratch his feet because of the intense itching. He was promptly relieved by the intravenous injection of 1.0 gm. of sodium thiosulphite and atropine by mouth. He was alkalinized with soda bicarbonate, and another injection given three weeks later. Next day, over the site of the injection, there was a large area of confluent urticarial wheals with scattered papules over the body.

An elderly man with cardiovascular syphilis was given mercury by inunction and small injections of sulpharsphenamine weekly after a thorough preparation. After his fourth injection he noticed some itching, but said nothing about it. After his fifth, he presented acute generalized edema of the skin with extreme itching. He was given soda by mouth, large doses of thiosulphite into the veins, and drastic catharsis. However, this did not prevent him from having a typical attack of dermatitis exfoliativa, although the duration was only about two weeks.

DISCUSSION

HARRY E. ALDERSON, M. D. (490 Post Street, San Francisco)—Sutton's description of intramuscular technique is instructive and interesting. As he states, the chief advantage in the use of sulpharsphenamine is in its availability for intramuscular injection. Unfortunately there are occasional cases where intravenous therapy cannot be administered. It is in these cases and in congenital syphilis that the drug is particularly useful. Sutton calls attention to untoward effects. It is true that even with good technique painful persistent nodules or cysts develop occasionally. However, it seems to be safer and more free from bad after-effects than the other arsphenamines given intramuscularly.

When this drug first came out we tried it in the Stanford skin and syphilis clinic by the intravenous route. We treat there about 150 cases of syphilis weekly, so the drug was given a fair trial. We had to abandon its use intravenously, for most of our patients were upset and many of them very much so. Severe persistent vomiting was the principal symptom. There were no fatalities, however. From our experience we concluded that it was therapeutically inferior to the other arsephamines, and for this reason, and also on account of the severe reactions produced, was not desirable for intravenous administration, but it had certain value as a spirochaeticide by intragluteal injection.

SAMUEL AYRES, JR., M. D. (Westlake Professional Building, Los Angeles)—I have had very little occasion to use sulpharsphenamine. In the few cases in which I have, it was given intravenously without harmful effects. I have seen two cases of dermatitis exfoliativa, resulting from the intramuscular administration of sulpharsphenamine. I do not see the necessity of using the intramuscular route, even in very young infants. An adequate dose of neoarsphenamine for an infant can be dissolved in one or two cubic centimeters of water and can be injected very easily into one of the scalp veins, especially on the side of the head or in the middle of the forehead.

When the baby cries, as it inevitably does under such circumstances, the veins are distended and no tourniquet is needed. The injection is made, using a hypodermic needle and a 2 cc. syringe.

HOWARD MORROW, M. D. (484 Post Street, San Francisco)—Sulpharsphenamine is a valuable addition to the other arsphenamines. It cannot replace arsphenamine or neoarsphenamine, but when intramuscular arsenical medication is indicated it is the preparation of choice. When given intramuscularly it is less painful than neoarsphenamine and has many advantages over the older arsphenamine preparations. Many investigators claim that sulpharsphenamine is of greater value in cerebrospinal syphilis or neurosyphilis in general.

Its value in hereditary syphilis cannot be questioned. When intramuscular arsenical medication is indicated we

give sulpharsphenamine weekly for ten injections, and for adults the dose should be 0.6 grams each.

A. Edward Roome, M. D. (Medico-Dental Building, Los Angeles)—In my opinion sulpharsphenamine has a very definite place in therapy, and after a thorough trial of this drug at my clinic I have come to the same conclusion as to its value as mentioned by Alderson.

There is no doubt that its use intramuscularly is the ideal way of administering the drug on account of the slow absorption and its practical freedom from nitroid reactions.

DERMATOLOGY AS MEDICAL SCIENCE, HEALING ART AND PRACTICE OF MEDICINE †

By Moses Scholtz *

THE dermatologist engaged in unraveling and solving the diagnostic and therapeutic problems of individual patients hardly ever pauses long enough to survey the field of dermatology as a whole. Yet a study of dermatological research, of its possibilities and limitations; of the evolution of dermatology as a science; and the analysis and study of the relationship of the component units of dermatologic thought —morphology, histopathology, and pathogenesis is of great value and interest.

Besides the purely abstract and academic aspects of the subject, many practical problems of dermatology invite study, such as the relationship of dermatology to general medicine and to other specialties and the establishment of proper boundaries between them; the teaching of dermatology to undergraduates and graduates; the organization of dermatologic service in hospitals and clinics; the statistical survey and study of skin diseases, the analysis of dermatologic literature, cosmetic dermatology, dermatologic quackery, etc.

WHAT IS DERMATOLOGY?

The generally accepted definition is simple and implies the study and care of all diseases and lesions of the skin. But the establishment of the strict boundaries of dermatology from other branches of clinical medicine is not so easy, since skin lesions often develop as passing, incidental and minor symptoms of various more general diseases. The dermatologist is interested in them from the diagnostic point of view only.

Trophoneurotic or vasomotor dermatoses, such as Raynaud's disease, trophoneurotic ulcers and degenerations are described and treated simultaneously in manuals of dermatology, surgery, neurology, and medicine. It is my belief that dermatology should comprise any and all skin lesions, whether they are big and lasting enough to constitute independent dermatologic entities or are merely an incidental symptom of systemic affection. In the latter case the lesions should be accorded a proper place in the morphologic classification.

DERMATOLOGY VERSUS GENERAL MEDICINE

Because of the enormous frequency of skin lesions as manifestations of systemic conditions, only a very small fraction of the grand total of patients with skin lesions reach dermatologists; as a rule, only those that present diagnostic or therapeutic difficulties. The overwhelming majority of patients with skin lesions are treated by general practitioners, pediatricians, surgeons, and radiologists. Yet practitioners frankly admit their inadequate knowledge of diseases of the skin. The peculiar lack of interest in and disregard for dermatology as a specialty of medicine, in my opinion, is due to the defective methods of teaching dermatology.

This situation brings to dermatologists an all-important duty of restoring the interest and esteem of the general profession to his specialty. Some practitioners consider dermatology rather detached from the general subject of medicine, the understanding of which can be acquired only by an accumulated experience of many years.

It is my experience that the general practitioner, if demonstrated the rational methods of differential diagnosis, quickly grasps the idea that dermatologic diagnosis is more than an empirical product of individually accumulated experience, and he begins to enjoy the intellectual process of arriving at diagnosis through the correct principles and technic of differentiation.

DERMATOLOGY AS SCIENCE

The analytical study of the resources and limitations of dermatology as a medical science is a fascinating but insufficiently clarified problem. Some of the fundamentals may be deduced from the analysis of the skin as a subject of study. The skin being located on the surface of the body is subject to direct examination. This unique diagnostic and therapeutic opportunity explains why the inspection plays such a dominant part in dermatologic diagnosis. The extensive area occupied by the skin and the possibility of innumerable variations in localization, distribution, grouping and shape of lesions, makes for the steady growth of morphology as a paramount factor in dermatologic diagnosis.

The technical ease and impunity with which a biopsy can be performed has led to the development of another important diagnostic method—the histopathological examination. This dual morphologic and histopathologic basis of the dermatologic

† Chairman's address, Section on Dermatology and Syphilis, presented at meeting of California Medical Association, Oakland, California, May 1, 1926.

* **Moses Scholtz** (718 Brockman Building, Los Angeles). M. D. University of Moscow, Russia, 1900. Graduate study: "Charite," Berlin, Germany, 1902-03. Practice limited to Dermatology since 1910. Hospital connections: Attending Dermatologist Los Angeles General Hospital; Dermatologist to School of Graduates, Los Angeles Medical Department University California; Consulting Dermatologist Kaspare-Cohn Hospital. Previous honors and services: Chief of Clinic of Dermatology and Syphilology, Medical Department University of Cincinnati, 1915-16; Chairman Dermatologic Section Los Angeles County Medical Association, 1922. Publications: "Modern Diagnosis and Treatment of Chancroids" (Urologic and Cutaneous Rev., Vol. 15, 1913); "Principles of Dermatologic Diagnosis and Treatment" (Lancet-Clinic, November 15, 1913); "Therapeutic Resources of Modern Dermatology" (Therapeutic Gazette, May, 1915); "Trend of Modern Dermatologic Research and Its Bearing on the General Medicine" (New York M. Journ.); "Borderline Types of Seborrhoic Dermatitis and Psoriasis" (Calif. State Journ. Med., May, 1920); "Dermatologic Misnomera" (Arch. Dermat. and Syph., February, 1920); "The Skin as an Index of Health" (Med. Rec., May 5, 1920); "Dermatoses of New-Born and Infants" (Arch. Pediat., February, 1921); "Lupus, Erythematosus Acutus Disseminatus Hemorrhagious" (Arch. Dermat. and Syphol., October, 1922); "Trichophytosis of the Glabrous Skin as a Clinical Problem" (New York M. J. and Rec., April, 1926), and many others.

diagnostic technic has been for a long time the only accepted procedure, and even now is sufficient in many patients. However, with the steady growth of the laboratory, various procedures, such as urinalysis, blood chemistry, bacteriologic examination, etc., are invoked with ever-increasing frequency.

MORPHOLOGY VERSUS HISTOPATHOLOGY

The relative value of morphology and histopathology in dermatologic diagnosis is of great interest. Theoretically, by analogy with other branches of clinical medicine, the histopathologic findings should be the final verdict in the interpretation of skin lesions. Actually, histopathology has proved to be a great disappointment. Only in certain selected patients does it supply definite diagnostic information not revealed by the clinical and laboratory findings. In many cases, particularly inflammatory dermatoses, it is indefinite and inconclusive.

MORPHOLOGY

The final value and function of morphology in dermatologic research deserves a more detailed consideration. Being historically the first basic dermatologic conception, morphology has developed more extensively than any other phase of dermatologic research. Because the minds of dermatologists for many generations were dominated by the static conception of dermatoses, as rigid and stationary morphologic patterns or pictures, this growth has assumed an exuberant and inward form. As a result, over-refinement and multiplication of morphologic details became an end and purpose. The structure of morphology grew so immense as to become a source of despair and a bewilderment to the general practitioner and an object of confusion even to a trained dermatologist. An enormous amount of effort is still wasted in many dermatologic contributions in fruitless efforts to establish a new dermatologic entity on morphologic details.

DYNAMIC VERSUS STATIC MORPHOLOGY

The adverse and hampering effect of the excessive growth of static morphology on the clinical, didactic and research work in dermatology was pointed out two years ago at the meeting of the Section in Los Angeles. At that time I stressed the irrationality of the static morphologic conception of dermatoses and attempted to introduce the dynamic point of view. The dynamic conception of skin morphology interprets skin lesions as merely skin reactions to systemic or local irritants—reactions which are unstable morphologically and which can merge and combine with each other, or even transform one into another. The hypothesis of the morphologic instability of cutaneous lesions, in my opinion, is the only one that solves the difficulties and inconsistencies of the present classification. The astounding progress of dermatology in the last generation is due directly to the influx of the dynamic biologic ideas and principles from general medicine and applications of these ideas to the pathogenesis and treatment of dermatoses. The theories of focal infection, of endocrine secretions, of anaphylaxis, of nonspecific proteid immunization, are all based on a fundamental dynamic conception that systemic skin diseases are merely biologic skin reactions capable of a great morphologic mobility and variability. The obvious inference is that the insistence on the minutest morphologic details as the permanent characteristics of individual dermatoses, as it has been done in the past, is not in accord with the whole modern dynamic conception of the pathogenesis of dermatoses. Neither is the static conception born out by clinical observation, since morphologic phenomena of dermatoses are liable to various secondary changes during the course of their clinical evolution.

DERMATOLOGY AS HEALING ART

Since the primary function of any branch of medicine is healing of disease, the evaluation of dermatology as a healing art is of great practical interest. Among the factors which are important in the evaluation of any branch of medicine as a healing art can be considered the frequency of the particular type of affection, the exactness and efficiency of diagnosis, the character of prognosis, the efficacy of treatment, and the objective and subjective quality of service.

The relatively larger area of the skin in comparison with any other organ multiplies tremendously the possibilities of the occurrence of the skin lesions. The very conspicuousness of the skin lesion in contradistinction to the lesion of a visceral organ precludes the possibility of its being overlooked or ignored, and renders the skin lesion one of the most common. As a rule a patient with a skin lesion is prompted by a triple motive to seek medical advice, the distressing itching, the disfigurement, and the horror of skin diseases, since many laymen believe that many skin diseases are expressions of a blood poisoning breaking out on the surface. The value of the service of the dermatologist to the individual and community is not realized generally. The dermatologist, through a correct interpretation of skin lesions which may be the earliest or the only symptom of a systemic serious disorder, often is capable of detecting the first sign of an impending danger. Thus the timely recognition of the dermatologic syndromes of syphilis, tuberculosis, diabetes, leukemia, endocrine disorders, and skin cancer is part of the daily work of a dermatologist. The value of dermatologic training in the recognition of infectious exanthemata and contagious diseases is obvious.

DERMATOLOGIC DIAGNOSIS

The diagnosis of skin diseases is much easier than in other branches of medicine because all the evidence is on the surface. It requires no complicated instruments or technic to bring out symptoms. Adequate training of visual acuity, experience and, most important, solid grounding in dermatologic reasoning and principles of differential diagnosis are essentials to competency to make a correct diagnosis. Dermatologic diagnosis is based more on objective and less on history and laboratory findings than in other specialties. It is possible to make the diagnosis on the mere inspection of the lesions in the majority of patients and to place them in a certain clinical morphologic and pathologic group. The full history and laboratory findings are desirable for each and every patient, but in sharp contrast to internal medi-

cine they are not always necessary. In many patients they merely supply details of information in regard to the etiologic factors and pathologic structure.

DERMATOLOGIC PROGNOSIS

Some laymen have an extremely pessimistic attitude as to the curability of skin diseases. This is not surprising, considering the fact that modern actinotherapy, which has completely revolutionized the treatment and prognosis of skin diseases, is hardly a generation old. Particularly interesting and even amusing is the widespread idea among laymen that eczema is an incurable disease; even more interesting is the fact that some physicians also consider most of the chronic skin diseases as practically incurable and subject, at the best, only to temporary improvement. This attitude is to be explained by the unfortunate fact that some physicians are helpless when called upon to treat a chronic dermatosis even of a quite usual type, because of the lack of dermatologic training in diagnosis and treatment and also because of the lack of modern therapeutic equipment.

The rapidity of improvement under modern dermatologic treatment of a patient who has resisted many months, or even years, of haphazard and indifferent attention is so striking as to emphasize most dramatically the defectiveness of dermatologic training in medical colleges, particularly of the last generation. The tremendous advances in diagnosis and modern actinotherapy have improved immensely the general prognosis of skin diseases. We still have some rebellious and even incurable dermatoses, but they are comparatively rare and shade numerically into insignificance compared with the enormous number of patients whom we are able to cure, or at least give partial relief. Most patients with localized dermatoses tumors and growths, including skin cancer, parasitic and mycotic dermatoses and infectious granulomata are entitled to excellent prognosis. Most of the inflammatory dermatoses, particularly eczema, lichen, lupus erythematosus, acne and many others yield readily to modern treatment.

The most intractable and persistent are the neurotrophic, vasomotor degenerative, disturbances of pigmentation, diseases of the nails and hair. We have to admit that the old thorn in the dermatologist's crown, psoriasis, is still practically incurable and admits of only temporary improvement.

DERMATOLOGIC TREATMENT

Dermatologic therapeutics consists of internal and local medication and physiotherapy. In chronic dermatoses, physiotherapeutics, by its superior efficiency, has largely superseded ointments and lotions, which are used at present only as supplementary treatment. Medication is limited to a small number of drugs. However, their use in various strength and combinations offers possibilities of great shading in dosage and numerous formulas. The most common therapeutic error in the treatment of skin diseases is overtreatment and excessive use of irritating ingredients. This is largely due to lack of individualization, which is the result of an old-time habit inherited from medical college where stock formulas and prescriptions are recommended for various dermatoses. This responsibility obviously lies with the defective method of teaching dermatology by failure to emphasize that individualization is the most important factor in successful dermatologic treatment.

DERMATOLOGY AS PRACTICE OF MEDICINE

The practice of dermatology offers to its devotee opportunities for intellectual activities and scientific study equal to those in any other branch of medicine. It requires correct color perception, power of observation of minute morphologic details, balanced clinical judgment and analytical capacity in making differential diagnosis. To avoid the pitfalls and deficiency of overspecialization it requires an understanding and grasp of general medicine and pathology. The modern technic of dermatologic diagnosis and modern therapeutic armamentorium offer to a dermatologist splendid, and compared with other branches of clinical medicine, a comparatively easy means and splendid equipment for efficient work.

To relieve a patient of distressing itching, which, if prolonged, is more intolerable to many than most intense pain; to free him of disfigurement, which makes life for many, particularly women, unbearable; to free him from the agony of fear of blood disease makes the skin patient extremely appreciative and renders the life of a well-trained dermatologist pleasant and rich in satisfaction.

Lastly, dermatology, as a specialty, pays well for the hardships and cost of good training. It is a matter of wonder and regret that the young men of the profession neglect and overlook this splendid opportunity for professional advancement, and crowd surgery and other branches of medicine where they are not needed. Dermatology at present is one of the few branches of medicine where the supply, even in the large cities, is far below the demand. There are cities of 50,000 to 100,000 without a well-trained dermatologist.

The old time-honored but irrational and illegitimate liaison of dermatology and genito-urinary diseases fortunately is becoming a matter of the past. Either of these specialties, having nothing in common but tradition, is big enough by itself to be a life study and to tax fully the intellectual capacity and skill of any man.

HOSPITAL SERVICE AND CLINICS

One of the important and pressing problems before dermatologists is to gain for dermatology the high status of recognition which is its due. It is lamentable that even in large hospitals dermatologists do not gain proper recognition and the dignity of an independent service and separate wards. The dermatologist acts mostly as an ambulant consultant for other departments. An out-patient skin clinic is so far his only unchallenged abode. The abnormality of such condition and the adverse effect on the quality of dermatologic service and clinical research is obvious. The creation in public clinics of a dermatologic service separate from the urological department is another problem of only slightly less importance.

POSTGRADUATE CLINICS

I believe that an educational campaign of intensive courses in dermatology is badly needed and can be successfully inaugurated. It is my contention, proved repeatedly in graduate courses, that in six weeks of intensive training a general practitioner can be taught the best methods of dermatologic reasoning and master a sufficient number of basic facts of differential diagnosis and rational dermatologic medication to enable him to diagnose and treat intelligently an average patient.

DERMATOLOGIC QUACKERY

One of the most crying, though by no means a new evil in dermatologic practice, is dermatologic quackery. The steadily growing utilization of physiotherapy in dermatology has brought out an incubus of a commercial exploitation of these agencies by the irregular cultists, beauty parlors, and outright quacks. The intensive publicity campaign by the manufacturers of physiotherapeutic appliances and extravagant exploitation of the medical literature for commercial purposes has brought out the indiscriminate and promiscuous use of physiotherapy in skin diseases by those who have the price of the machinery. The unfortunate social and professional consequences of this situation become daily more tangible. The gullible public is being again gouged and exploited by fraudulent claims of pseudoscientists. Physicians, on the other hand, are being injured by the recoil of public opinion charging them with a responsibility for the failures of the incompetent and the unscrupulous. Physiotherapy in skin diseases is in danger of being discredited as a useless and fraudulent practice. It is our duty as dermatologists to counteract the flood of commercialism and to restore dermatologic physiotherapy to the high status to which it is entitled.

COSMETIC DERMATOLOGY

The last, but by no means the least, problem before us is so-called cosmetic dermatology. The hectic movement of modern society toward an exaggerated appreciation of physical attraction and cult of personal beauty has caused an enormous demand for remedies and methods of improving the facial complexion, hair, nails, etc. This demand has been amply supplied and in fact cultivated by beauty parlors and individual beauty specialists. As an extreme manifestation of this tendency, there has developed plastic surgery of cosmetic facial corrections, straightening noses, removing of wrinkles, lifting chins, etc.

The number of women who, in the quest for beauty and rejuvenation, have been permanently injured, disfigured or even killed by cosmetic operations, paraffin injections, peeling cures, etc., at the hands of beauty specialists is steadily mounting to an alarming degree.

Dermatologists engrossed in more serious problems are likely to assume a holier-than-thou attitude and consider it below their dignity to cater to cosmetic dermatology. I plead guilty to this very feeling in the matter. Yet I believe the only effective measure of counteracting this destructive wave of quackery is for the dermatologists to take up this work and integrate it into their practice.

A happy compromise may be reached by dermatologists doing only diagnostic and surgical work, and supervising the technical and mechanical work which can be done by nurses and technicians. It is my firm belief that the public at large will greet with delight such a step, since the public patronizes the quack and cultist only because the physicians refuse or are unable to render the requested type of service.

CONCLUSION

This discourse presents the chief problems pressing for solution in the field of dermatology. I believe that they deserve serious consideration. Their importance is based on the fundamental principle that in medicine, as in any other branch of science, the solution of the practical problems depends ultimately on correct understanding and knowledge of underlying abstract principles, basic general laws and the relationship to each other of various parts of the respective science.

THE DISCUSSION OF SCIENTIFIC PAPERS †

By WILLIAM H. DUDLEY *

THE EDITOR—*Doctor Dudley here frankly discusses a deadly poison which is chiefly responsible for so many lethargic medical gatherings. His timely message about speakers applies with even greater force to writers. After all, a speaker may lull only a handful of people into somnolence, but the poorly prepared published message wearies thousands who are ever searching for worthwhile messages, and it invariably defeats one of the objects of the author—the laudable desire to secure the good-will of his colleagues.*

The biographies of great orators, statesmen and scientists inform us that their successful "extemporaneous" addresses had had much study and many rehearsals.

Successful authors, practically without exception, revise their manuscripts from five to ten times before they submit them to an editor. It took Carl Sandburg over twenty years to write the Lincoln "Prairie Years," now pronounced the American epic.

While Doctor Dudley's advice was directed to the members of the Eye, Ear, Nose, and Throat Section of the California Medical Association, it is good medicine, so to speak, for all speakers and writers.

THE formation of the habit of clear thinking and the proper expression of one's thoughts while standing before an audience is well worth the effort and practice, however much it may require to enable one to properly present the subject in mind;

† Chairman's Address, California Medical Association's Section on Eye, Ear, Nose, and Throat, delivered at Oakland, April 29, 1926.

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and nowhere is it more valuable as an asset than while discussing a subject which has already been presented in the form of an essay upon some scientific subject, or the relation of some investigation or experience, or perchance the presentation of a medical or surgical case to a medical society.

It is not the good fortune of all men to have the native ability to acquire this faculty, or the proper training to enable them to acquit themselves with credit to themselves or to the subject which they wish to discuss; yet, there are few graduating in medicine at present who cannot overcome the handicap of lack of native talent, if they will but make a decided effort and persist in the effort; and in the mind of the chairman of this section, *it is the duty of those who would receive the greatest benefit from these, and all other medical society meetings, that they fit themselves with the ability to take an intelligent and active part in these discussions.*

The value of medical meetings to its members is in direct relation to the amount and value of the information presented in the papers read, their intelligent discussion, the making and renewal of acquaintances, and the social contacts. The intelligent discussion of a scientific paper presupposes an intimate acquaintance with one or more items covered by the member in his essay; and in order to be able to do this the program should be studied somewhat in advance, and the particular items desired to discuss selected and noted. Should the member desire to present a case apropos to the subject, he should have an abstract of the history, and he should review it well, that there may be no hesitancy or inaccuracy in the report; at the same time it should be well boiled down that he may not overstep the allotted time for discussion. Accuracy and brevity in reporting histories can hardly be overestimated. Frequently these reports are abstracted and embodied in other reports, by other writers. In any case, should a discussant desire to comment on some one or more points of importance, of which he is not sure, he should look up authority on the subject that he may not get into hot water, so to speak, from some question handed him from the floor. Apropos to this particular thought, the following instance is cited: A member of this section, some time since, was asked to open the discussion on a report of a rare case with which he realized his lack of familiarity. He therefore called up a medical librarian, and asked for everything published on the subject. These he abstracted and condensed, and when presented the discussion was many times more valuable than the article presented, which consisted of a report of an unusual case with but very little comment or general consideration. The orderly presentation of discussion is fully as important as the presentation of the original paper.

Another point we should bear in mind is to be sure and adhere closely to the subject under discussion. Many a member has wasted much valuable time by relating case histories which, before he has finished his discussion, are found perhaps remotely related to the subject, but not apropos. Yet when the member finally takes his seat, he does so with the apparent feeling that he has added much to the value of the meeting. Another item in this subject is the habit some have of wandering entirely afield from the subject in hand; and if the chairman does not lasso him and bring him back—something no chairman likes to do—valuable time is wasted. Another habit some have is to feel called upon to discuss papers, whether they have any constructive information in mind or not. Some such are well informed, and what they say is apropos, well presented and correct, but it may be common information, and few care to listen to matters with which they are perfectly familiar.

I believe the thought must have occurred to the most of us while listening to a member who has the floor with something in his mind of more or less importance—at least to himself—that he is laboring under such a serious handicap, that an attempt to follow him requires a degree of mental concentration which few care to exercise. I have often thought that if some speakers could hear their own discussions exactly as they are delivered from a phonographic record, it would give them the surprise of their lives. This refers to one of the unfortunate, yet not uncommon, habits of hesitation, as though the speaker were having difficulty in formulating his ideas in speech, or possibly could not recall just what he wished to relate, or peradventure his mind was trying to work and take a vacation at the same time. We will say he is relating a case something as follows: "He—a—had a—a—nasal discharge—a—for—many years, a—and his nose—a—a—had been—a—operated on—a—many times. There—a—had been—a—periods—a—during the past—a—ten years—a—when—when he was—a—entirely free—a—from—from symptoms." While attending a medical meeting not long since, a member took up the discussion of a subject upon which he appeared to be well informed, and if he could have related what he had in mind in a straightforward and connected manner, it would have been of value, and well worth listening to. It occurred to me soon after he began his remarks to count the times he repeated this interjection. I found in the five minutes more or less he was speaking he repeated the —a— seventy-five to eighty times. It is not only the mental fatigue the audience must sustain, but the time wasted, and the section finds itself getting behind its schedule.

There is another trait seen occasionally which is not informing nor constructive, and it always leaves a "bad taste in the mouth," so to speak, with those listening. It can hardly be called a habit, but rather an unfortunate mental attitude. These members appear to feel that the only procedure in discussion of a paper is to try to pull it to pieces, either to dispute opinions well formed and substantiated by good authority, or to dispute the facts as presented regarding well worked-out histories, and set at naught the work of an intelligent member which has taken him months to formulate. Such members are a true "thorn in the flesh" of any society whose misfortune it is to include their membership. This last criticism is not intended to refer to honest differences of opinion regarding some mooted question where men may honestly differ, nor to men of ability

and experience who have divergent results regarding methods of operating, or other means of relieving diseased conditions.

Again, there is occasionally seen the member who seems possessed with the idea, seemingly, that in the multitude of words there is wisdom. Perchance the speaker may be a visitor from some other society —this has been noted—who out of courtesy is asked by the chairman to "say a few words," and this visitor takes advantage of circumstances to go the limit, so to speak. He appears to feel that as a guest of the society he is not likely to be limited as to time, and talk he does, and when at last he has finished, not one in twenty can give any satisfactory account of his discussion, but he has enjoyed himself immensely. This last criticism is a digression from the title of the address, for which I apologize. Yet it is apropos in a sense, for it represents a genus of a certain type, which is entitled to a certain amount of attention.

It is not the purpose of this address to present all of the don'ts applicable to all kinds of abuse which an individual may inflict upon an audience of scientific men, for there are many others which will occur to any regular attendant upon medical meetings. One may mention briefly the importance of the use of good Anglo-Saxon, which is far better than part English, some French, German or Italian, which some appear to feel they must use to show their superior culture, otherwise the audience might never know that they were learned in these languages. Some appear to forget, for the time at least, that they are members of a learned profession, and as such should use unadulterated English. All too frequently we listen to discussants who tell of "getting by," "putting over," and any number of like expressions current on the street, but not dignified language to be used in a convention of educated physicians.

There are few occasions of more delightful interest to the average physician than to listen to a discussion by someone who has something in mind, the result of mature thought, and speaks concisely in good understandable English, in well-rounded sentences, properly condensed, each complete in itself without embellishment. This discussant takes you with him wherever he goes, you listen to his remarks with unalloyed pleasure, and when he sits down you have the lesson he brought, and you are likely to take it home with you without the aid of a notebook.

John Locke, gentleman and philosopher and author of the world-renowned "Essay on the Human Understanding" and a contemporary of Sydenham, wrote in 1690 a book on child welfare under the title "Some Thoughts Concerning Education." In his preface he says: "I myself have been consulted of late by so many who profess themselves at a loss how to breed their children, and the early corruption of youth is now become so general a complaint that he cannot be thought wholly impertinent who brings the consideration of this matter on the stage, and offers something if it be but to excite others, or offer matter of correction. For errors of education should be less indulged than any. These, like faults in the first concoction, that are never mended in the second or third, carry their afterward incorrigible taint through all the parts and stations of life."

THE PHYSIOLOGY AND MINOR PATHOLOGY OF THE FUNCTIONING BREAST †

By J. W. SHERRICK *

NURSING is not a one-sided proposition of giving on the part of the mother. For her it has mental, moral and physical effects, favoring a better involution of her pelvic and abdominal organs; a better drainage of milk and of desquamated and degenerated cells and cell detritus; a more robust and radiant health for herself; and developing more fully those finer mental and moral qualities peculiar to the matron. Mother's milk with its vitamins and immune substances and its proper food and chemical content is the ideal food for the baby and in the majority of infants a specific saving many lives and ensuring a healthy and well-nourished child. In spite of the fact that our highly civilized, high-tension, modern city life with its improper hygiene and abnormal surroundings renders nursing more difficult than was the case with our grandmothers whose lives were simple and natural, startling results can be obtained by proper rest, exercise, diet, and determination.

Once lactation is established, adequate stimulation based upon demand and proper suckling maintains this function. Hormones and internal secretions from the ovary and placenta undoubtedly prepare the breasts for lactation and inaugurate this function. It is also probable that internal secretions influence its continuance, but their exact character and importance are not known. The secretion of milk is not under the direct control of the nerves supplying the breast, but nervous and psychic influences do reduce the milk supply and decidedly alter its character. This action is indirect with probable metabolic and digestive changes or altered food and fluid intake playing a part. The conclusion has been reached, too, through scientific study of the various so-called galactogogues that none is of marked value in increasing mammary secretion, any beneficial effects being mainly psychic. Undoubtedly, physiologic methods, general tonic effects, an adequate diet and proper hygiene are decidedly effective, but still there are numerous instances where apparently definite beneficial results are obtained from galactogogues. We should bear in mind, too, the fact that various drugs are excreted in the milk and may affect the child, examples of which are potassium iodid, mercury, salvarsan, calomel, bromides, and various cathartics.

A feeding schedule that is strictly adhered to is very essential. A period of at least six hours im-

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mediately following delivery should elapse before nursing to allow of adequate rest for both the mother and the babe. The mother's rest should not be disturbed at night during the first two weeks, providing this is feasible and the breasts are not too engorged and painful, a night feeding of a simple formula being utilized. I favor the use of water and a five per cent lactose solution after nursing during the first twenty-four to thirty-six hours and of a simple formula thereafter while the breast secretion is being established. I feel that in this procedure the initial loss in weight is lessened and that there is less dehydration and less lowering of the baby's resistance. A short nipple with a small opening should be used to avoid the baby's developing a preference for the bottle with its easily grasped nipple or forming poor nursing habits with resultant inadequate stimulation of the breast and, consequently, a reduced milk supply. The general principle of the long and regular nursing interval rigidly adhered to, and with strict rotation, is the most satisfactory with the average infant. A six-hour nursing interval is best during the first twenty-four to thirty-six hours, followed by a three-hour period during the day for children under seven pounds or a four-hour period for strong, robust infants over this weight. This is maintained, providing the child gains weight and sleeps well. There should be a maximum of eight feedings in twenty-four hours and less, five or six, if satisfactory. Such a schedule permits of a longer interval for the breast to recuperate with more milk of a uniform quality; it ensures a keener appetite, better nursing habits and, therefore, more complete emptying of the breast with better stimulation; it favors better digestion; it means less overfeeding and permits more rest and leisure for the mother with a more stabilized nervous system and peaceful household. If the milk flows too freely, the simple expedient of checking the infant frequently or maintaining steady pressure with the fingers against the milk ducts through the areola will usually suffice. In the event of underfeeding, the long interval with both breasts at each nursing is preferable to more frequent feeding. Some favor the routine giving of both breasts at all times, giving three-fourths of the nursing time on one breast and one-fourth on the other alternately. The question of the use of a complemental feeding must be guided by such factors as the weight curve, milk supply, and the health of the mother. In any event, a complemental feeding should be a simple mixture of milk, water and lactose given only after nursing, a short nipple with a small opening being used. The amount should be accurately estimated and every effort made to secure thorough stimulation of the breast by manual expression or by pumping. After a few weeks, a supplemental feeding once daily may be wisely used to permit of social engagements and relaxation for the mother.

Normal babies will usually nurse if there are no physical reasons, such as deformities about the mouth, particularly tongue-tied, nasal obstruction, nipple and breast difficulties, etc. Every attempt must be made to assist and encourage the child and care must be taken to avoid the very gross errors in the technique of nursing based on ignorance, carelessness, over-anxiety and indifference on the part of the mother. Both the mother and babe should be relaxed and comfortable. The mother should be warned against the eye strain with headache caused by "ogling" the baby while he nurses. The baby's entire body should be supported to avoid undue muscular effort and tiring and the nipple should be easy of access to permit ease of swallowing and breathing. It is difficult to lay down a hard and fast rule for the duration of a feeding as much depends on the vigor and appetite of the child and the readiness with which the breast yields its milk. The duration should rarely exceed twenty minutes. Longer nursing impairs the resistance of the nipple and in the presence of a good nurser is a sign of insufficient milk.

The amount necessary to ensure a well-nourished and contented child varies somewhat with the individual. The size of the infant's stomach does not control his capacity, and any excess of milk undoubtedly passes directly into the intestine. While the general condition and reaction of the babe is an index as to whether sufficient nourishment is being taken, a good rule is to secure, with a simple, but accurate household scale, a daily weight taken at the same hour and under the same conditions. The gain should average four to six ounces weekly. Results should be based on an average over several days and it is well to warn the mother against drawing conclusions from one day's weight picture. If the child is not receiving from the breast sufficient nutrition for proper growth, every effort should be made to continue and increase the breast activity by encouraging proper and thorough nursing habits, by using both breasts at each feeding, by extra stimulation through manual expression or the use of a breast pump, and by correcting any disturbing factors in the home environment, such as diet, fatigue, worry, nervousness, over-anxiety.

Unquestionably the most efficient form of stimulation of the breast, either for restitution of or increase in the supply of milk, is complete evacuation through vigorous sucking by the child. Practically every normal baby can be taught how to nurse vigorously, but the premature, feeble infant, the indolent and unwell baby, the abnormal and inadequately stimulated breast, the sensitive nipple, present a problem necessitating mechanical means to secure proper stimulation and keep the breasts active. Various mechanical means are available for manual expression by different types of pumps such as the Deval, the U. S., the Taeterle, the English, and the electric. Manual expression intelligently used is probably the most effective. Force is unnecessary and is to be condemned; it is painful and favors mastitis from the trauma inflicted or a galactocele from rupture of a milk duct. The best technique simulates that used in milking a cow. The breast is grasped with the thumb and forefinger jnst outside the areola with first deep, firm pressure backward, followed by compression of the breast between the fingers. Stripping downward is not necessary. If grasped farther back this hinders the process. It requires time, perseverance, and encouragement, but

the results are worth the effort. Some mothers cannot acquire the knack of manual expression or are unwilling or unable to devote the necessary time, in which case the electric pump or a modification of its principle are great assets. Other pumps are not effective.

Two very common errors and problems are underfeeding and overfeeding the baby. Too often the supposition arises that the milk disagrees with the child and weaning is resorted to. Underfeeding is based on an insufficient quantity or an abnormal quality of the breast milk and is due not to an idiosyncrasy to mother's milk, but often to improper nursing habits, to malformation and disease of the nipples, to difficult yield, to inadequate breast tissue, to fatigue, poor general health, nervous phenomena, or faulty habits and hygiene on the part of the mother or baby. Such a condition is corrected by measures designed to offset any or all of these factors—more complete stimulation of the breast, nursing of both breasts, discarding by stripping a portion of the first milk where there is an overabundance present, manual expression or complemental feeding, but not by weaning.

Overfeeding arises from too frequent, irregular or too prolonged nursing habits or an overabundance of food. The food should be reduced to the required amounts by establishing proper nursing habits and intervals; one breast if both have been used; shorter duration of feeding; short nursing period on both breasts with stripping to completely empty the breast and avoid the high per cent of fat obtained in the "last" milk; checking the speed of nursing; or diluting the milk by giving the child a small amount of water immediately before nursing.

The mother's life should be well ordered, with some simple recreation, and with ample rest and freedom from worry, emotion and nervous strain. Her diet should consist of an abundance of wholesome, digestible and nourishing foods taken regularly with a little extra fluid, such as water, tea, milk, broth and thin soups taken with the meal. A moderately increased amount is necessary to provide for the increased demand and to save her reserve store of food and energy, but it is a grave mistake to give large quantities of gruels, malted milk, chocolate, ice cream, either with or between meals, as they encourage digestive disturbances and overweight, without increasing materially the quantity or quality of the milk. Some children may very early show an idiosyncrasy to certain foods, such as eggs and fat, and in such circumstances these particular articles of food should be eliminated from the mother's diet. Proper milk can be produced only on proper food and by a well mother. Vitamins and minerals are essential and are obtainable through proper diet—milk, fats, green vegetables, fruits; but even so, there may be a deficiency in the mother's milk, especially of the antiscorbutic vitamin C. This should be given to the child early, six weeks to two months, in the form of orange juice or cabbage juice.

The duration of breast feedings depends on various factors. All things considered, a good rule is to continue nursing for six to nine months with sufficient supplemental feedings to permit of change and rest for the mother. Weaning should be accomplished as a gradual process over a long period by gradually adding foods to the baby's diet with the number of nursings lessened. A gradual discontinuance of breast stimulation requires no special care of the breast and avoids engorgement, pain and the danger of mastitis experienced in attempts at sudden weaning. Where this is necessary, however, the breast should be well supported and firmly bound against the chest wall; the fluid intake should be reduced to a minimum; the tissue fluids should be further reduced by a saline cathartic daily, and ice bags applied to relieve the congestion. In the event of great discomfort, a hot compress may be applied for a few minutes and the breast relieved by manual expression or by pumping.

Night feedings should be discontinued as soon as possible. Many babies will correct this habit voluntarily within a few weeks, while others will need to be trained. This may be done any time after the first month if the baby is robust and is gaining well. It will react greatly to the benefit of the mother who needs her rest and works no hardship upon the infant.

Prenatal and postnatal care of the breast is a most important detail and may determine failure or success of breast feeding. This care consists in efforts directed to soften, toughen and develop the nipple for, and protect it from, the strain of nursing. Such attention should begin about four to six weeks before term. Simple cleansing of the nipple and areola once daily with mild castile soap to remove any dirt, secretion and cornified epithelium is recommended. This is followed by gentle massage of the same areas with KY lubricating jelly or a similar preparation. Gentle traction is made on the short or retracted nipple. The breast, especially if heavy and pendulous, should be supported without pressure or constriction. The application of hardening and astringent preparations or the use of force and roughness in traction defeats the purpose and invites fissuring, blisters, ulceration and painful nipples with their attendant evils.

The nipple and areola should be cleansed both before and after nursing with sterile water and covered with a clean or sterile gauze between nursing. This tends to prevent infection of the secretions and of any fissures and blisters. In spite of every care, a mild degree of sore nipples on the basis of erosions, fissures, blisters or ulceration is a frequent complication, especially in primipara and blonds during the first weeks of nursing. The attendant discomfort interferes with lactation and with nursing to the detriment of the child and subjects the mother to the risk of mastitis and abscess formation. This condition is especially common in the presence of inverted, flat or deformed nipples, and prolonged efforts at nursing should be avoided.

The treatment of sore nipples begins with prophylaxis. Simple exposure of a sensitive nipple to the air for two hours twice a day or bathing with cold water will often remove the trouble. Any of the complications above referred to call for rest and strict cleanliness. Lead nipple shields should be worn between nursings for protection as well as for any

supposed healing properties. The alternate use of compound tincture of benzoin which hardens and stimulates healing and of a soft nipple cream is helpful. I advise a cream which has as its base a vegetable gelatine, combined with glycerine, water, phenol, calamine and zinc oxide. Two to five per cent silver nitrate solution applied twice daily, or an alcohol or boric compress applied for thirty minutes once daily, are very effective in fissures and ulcers. The nipple should not be nursed directly, but is protected with a glass shield or the electric pump is used, the breast being stripped to ensure complete emptying. Complete suspension of lactation for a time may be necessary to promote healing and prevent mastitis and abscess formation.

In spite of every care, mastitis is an occasional complication. -Seventy-five per cent of infected breasts occur during the first month while the breast is unused to its new function and when faulty habits of nursing and care are used with unnecessary trauma and neglect. The infection enters either by the lymphatic channels or the milk ducts or through the blood stream, bacteria from a focus elsewhere in the body lodging in an area of stagnation or lowered resistance or lodging in the breast tissue in the process of excretion. Most authorities favor the lymph channel route and feel that the pathological changes are always largely in the interlobular stroma and not in the parenchyma of the gland, so that the milk is rarely contaminated. Others state that the milk of an infected breast is itself infected in 86 per cent of the cases, and offer the following quite feasible explanation: A breast traumatized by nursing, stripping and pumping and rendered inactive because of a fissured or ulcerated nipple becomes engorged. Infecting organisms introduced from without multiply in the milk and serum about the fissure and thence pass into the breast along the milk ducts with absorption occurring by the lymphatics. One lobe is infected first and it then spreads along the incomplete interlobular septa. Circumstances must determine the advisability of continuing nursing in the presence of mastitis. In most mothers the breast should be emptied only as occasion demands to avoid generalized or local engorgement which carries an increased danger of spread of the infection, especially in the presence of roughness. In any instance, mastitis may be aborted by rest, support for the breast and the use of the ice bag with the first appearance of deep tenderness and deep pain on nursing, especially with an associated temperature rise, or with the development of a red line of lymphangitis or of a beginning inflammatory induration in the breast. If the condition progresses, moist or dry heat should be used to promote the development of abscess formation which is then dealt with by radiating incision and drainage.

The reasons advanced as contraindication to nursing cover a variety of conditions, many of which will not stand the test of good judgment. Among these are tuberculosis, pregnancy, menstruation, acute infections, nephritis, eclampsia, post partum hemorrhage, abnormal or diseased breasts and nipples, gastric and intestinal disturbances in the baby, abnormal milk. In general, most of these conditions are of relative importance and depend upon the severity of the particular lesion, the general physical condition of the mother and other circumstances. Menstruation and the advent of pregnancy do not as a rule alter materially the composition of the milk and any disturbing influence on the child is temporary and insignificant, being brought about by disturbed metabolism, psychic influences and habits and methods of nursing. They offer no foundation for discontinuance of breast feeding. Gastric and intestinal disturbances and abnormal milk rarely offer an indication for artificial feeding but demand rather carefully supervised breast feeding. Abnormal and diseased breasts and nipples must be dealt with on their merits. Tuberculosis, toxemia, severe anemia present no difficulty of decision.

It is difficult often to distinguish between the benign tumors of the breast and the malignancies, but too many physicians are assuming a radical attitude toward every pathological lesion in the breast and are advising extensive and mutilating surgery. While it is true that all so-called benign tumors are potentially malignant, still I want to sound a warning against this extreme view. In my opinion, intelligent conservatism should be used. The simple fibro-adenoma, the adenofibroma, the simple cyst and cystic adenoma should be excised and the breast kept under observation from time to time. Every such tumor removed should be subjected to a careful microscopic study for diagnosis. Large, rapidly growing tumors, multiple cysts or tumor conditions in which a large area of the breast is involved should be subjected to removal of the entire gland and if necessary a complete operation because of their tendency to become malignant.

I want to call attention, too, to the frequency of mammary cancer in the presence of "chronic mastitis and of breast stasis and the resulting irritation that follows the retention of stagnating secretions of the breast" as pointed out recently by Adair and Bagg in a study of two hundred cases of mammary cancer. Breast stasis may result from failure to nurse a child, from miscarriages, from a rapid succession of childbirths, from non-establishment of the breast function, from stenosis of milk ducts in inverted or malformed nipples, from poorly drained outlying portions of the breast, from traumatic obstruction to drainage, etc. With poor drainage, the breast secretions stagnate and act as a chemical stimulant and irritant within the organ.

So-called chronic interstitial mastitis presents a rather indefinite lumpy feeling of deep induration or thickening and a shotty nodular character due to cyst formation. This is felt only on picking the breast up between the fingers. Auxiliary glands are often slightly enlarged. There is usually pain, varying from slight uneasiness to a dull, neuralgic aching or boring, stabbing pain, worse at night. This condition is an almost constant concomitant of carcinoma, but it is impossible to say that it is a universal precursor of this condition. It is not an inflammatory condition, but rather a perversion of the normal involution which takes place in the breast about middle age. As such it inflicts upon the breast

chronic irritation which disposes the already actively proliferating cells to further abnormal change and possible malignancy. Mild cases may be treated by rest, support and potassium iodid. In the more severe or suspicious cases with lumpiness, nodule formation, excessive induration, and enlarged axillary glands the mass should be removed and subjected to a painstaking macroscopic and microscopic study.

THE DIAGNOSIS OF CHRONIC AMEBIASIS

By Wilson T. Davidson

Many cases of chronic amebiasis are undiagnosed.

Amebic infection is protean in its manifestations.

Systematic and thorough stool examinations should be made of (a) all patients from the tropics and subtropical zones; (b) all cases of chronic gastro-intestinal disturbance of whatever nature, and (c) all patients suffering from chronic invalidism, either with or without a previous history of gastro-intestinal upsets, who present the clinical picture of anemia, a slight icterus, pasty complexion, loss of weight, and various disturbances of the nervous system.

Discussion *by Philip K. Gilman, San Francisco; Herbert Gunn, San Francisco.*

SINCE the World War the attention of the medical profession has been sharply focused upon the widespread existence of amebic infection. Previous to that time the average physician practicing in the United States looked upon this disease as belonging almost exclusively to the tropical zones, with an occasional case in the subtropical regions. But recent studies upon soldiers returning from the World War, both in England and the United States, show an average infection of approximately 9 per cent; and of about half that percentage in soldiers who had never been out of either country.

We have good reason for believing that the incidence of infection in California is somewhat higher than that of the rest of the United States; for, while California had her due proportion of soldiers in the war, and undoubtedly the usual average of chronically infected persons returned to her borders, there is also a constant introduction of more or less chronically infected persons on account of our proximity to Mexico, and our enormous sea coast, receiving passengers from all parts of the world, further exposes our citizens.

And it is just such chronically infected persons who transmit the infection to other individuals who have never been out of the state. This is especially true of so-called "carriers" who may not be very cleanly in their habits, particularly in communities where modern sanitary regulations are not adequately enforced. Some of these invalids present symptoms so varied that the nature of their malady has never been determined.

The still too prevalent conception of a typical case of amebiasis, or so-called "amebic dysentery" is that of a person actually ill, with ten to twenty bloody mucous stools daily, tormina, and tenesmus. Similar symptoms, with slight variations, would apply to any of the several other forms of acute dysentery. The differentiation between types can only be made by an examination of the stools as to their cellular contents and the recognition of the causative agents.

Clinically chronic amebiasis may be divided into:

Mild Cases—These are individuals who have incurred a true infection of the colon with *Entameba histolytica,* with varying degrees of ulceration, and a constant throwing off of cysts. While the patient does not complain of illness, there are certain minor symptoms to which little or no attention may have been given, such as short spells of looseness of the bowels, vague abdominal pains, and slight nausea at times. Careful questioning may be required to bring these symptoms out or the diagnosis may only be made when the patients become acutely ill from some error in diet, intercurrent disease, or other more or less severe disturbance of the physiological balance. It is also known that frequent cases of hepatitis and hepatic abscess have followed these mild ulcerations, thus indicating that the entamoeba causing them is as truly virulent as that found in severe cases of amebic colitis.

Moderate or Severe Type—This includes the vast majority of amebiasis, and they are patients who should be given close attention. The history usually reveals attacks of "dysentery" some years ago, often while the patient was resident in some tropical or subtropical country, but occasionally also in persons who have not been out of the United States. The patient usually tells of taking treatment and getting so much better that for a time he considered himself well on the road to recovery, until a month or six weeks later, when he had an acute exacerbation with symptoms similar to those of the first attack; that he again took a course of medicine, and seemed to improve slightly, when suddenly, after eating an unusually hearty meal, or some disturbing article of diet, the symptoms again returned. A number of these spells may have taken place from one to six months apart; or he may not have had any acute intestinal symptoms for a period of years; again, there may have been a slight looseness of the bowels at all times, or at irregular intervals; or there may have been marked constipation for a long time; or constipation alternating with moderate diarrhea. In brief, any combination of symptoms of diarrhea and constipation.

Upon physical examination the patient is found decidedly below normal weight, there is considerable loss of strength, and possibly a slight icterus; he is anemic, has a variable appetite, and usually some difficulty in sleeping. On palpation, the colon may show one or two points of tenderness. A fresh stool may reveal at once the cyst of the *Entameba histolytica.* If there is a moderate looseness of the bowels or diarrhea, the vegetative form of ameba may be found. Or the first specimen may prove negative, and the cyst be found upon the second or third or some subsequent examination. All these proving negative, the patient is given a big dose of salts, and one of the stools examined while warm. In the vast majority of cases either cysts or active amebas are then found. However, one should not rest satisfied until he has put the patient through a series of warm stool examinations following doses of magnesium sulphate.

Such cases as I have described, or, in fact, any case of chronic amebiasis that has had recently a course of specific treatment, will require special at-

tention to arrive at a diagnosis. Due to the medication the specific organism may not be readily found, and the patient may appear to be suffering only from its secondary effects. A prolonged series of stool examinations may be necessary in these cases. And even if only a few cysts of the histolytica are ultimately found, this will disclose the fact that the patient still harbors an infection in the colon.

Atypical Cases—I have attempted, in the description just given, to present as clear a picture as possible of the usual chronic amebia colitis. However, at frequent intervals we run across patients who present an entirely different train of symptoms, as illustrated in the following case histories.

1. Patient, age 59. Complaint: Pain in right upper quadrant. Twenty-five years' residence in the tropics; no previous gastro-intestinal trouble. Patient has been gradually losing strength, suffered from insomnia for several years, and recently a dull, heavy pain was first noticed, and has continued at irregular intervals in the upper right quadrant, over the hepatic flexure. Skin markedly icteric, complexion pasty, appetite fair, bowels regular. An area of slight tenderness over hepatic flexure. Stools apparently normal and well formed.

Three cold stools were negative. A warm liquid stool, following a large dose of magnesium sulphate, revealed small cysts, apparently histolytica, but few in number. Another specimen contained cysts, which upon staining proved to be histolytica, the same race as those found in the preceding specimen. In another similar stool two days later motile amebas were found.

2. Patient, age 29. Complaint: Nausea. Previous history unimportant, except for a tour of duty of two years in the Philippines, which had terminated four months previously. Nausea first noticed three months ago, and of late is getting worse; has vomited a few times recently following meals. There is slight icterus, a rather pasty complexion, moderate anemia, and he is twenty pounds underweight. Physical examination of abdomen negative, except for slight enlargement of liver, some tenderness upon pressure over region of appendix. An operation was advised, at which the appendix was removed, gall-bladder found apparently normal. Following operation the nausea disappeared for some days, when suddenly it returned with diarrhea. Specimens contained motile forms of the *Entameba histolytica.*

Subsequently, specific treatment was given with an entire relief of all symptoms and a return to normal in the size of the liver. It is quite likely this patient had a chronic colitis with an acute exacerbation and a hepatitis, both due to the *Entameba histolytica.*

3. Another patient from the tropics, age 32, the details of whose symptoms will be omitted, further than a general nervous irritability, which proved to be an amebic colitis.

Appendicitis—Favorite sites for the implantation of the ameba in the mucous membrane of the colon are those at which stasis takes place. Such, for instance, as the cecum, various flexures and the rectum. A migration into the lumen of the appendix is just what we should expect, and it actually takes place. Cases are reported in which the outstanding symptoms are those of an involvement of the appendix. These patients may have had treatment which has rid them of the parasite in the colon, the specific medication failing to reach an infection in the appendix. Such a focus may be a constant source for reinfection.

Migrations or Metastases — The *Entameba histolytica* in its vegetative form is in its normal habitat only in the wall of the colon; all primary implantations take place here, with the exception of a few cases in the small bowel. During the process of ulceration in untreated patients, small vessels of the mesentery are readily involved, and these frequently carry the parasite to the liver, where it forms additional areas of involvement. These, in turn, either through direct extension or by means of the circulation, sometimes cause additional foci in the lungs; and from the lungs, in extremely rare instances, abscess of the brain or spleen occurs. It is extremely doubtful that an infection ever takes place in the lungs independent of a prior one in the liver; however, the involvement in the latter organ may have been so mild as to escape attention. And, furthermore, I consider that any infection in any other organ in the body has had its origin by metastasis from the colon.

The symptoms from the involvement of the colon may have been of so slight and ephemeral a nature as to escape the notice of the patient. Thus we see that patients, particularly those from the tropics who complain of symptoms referable to the liver, or of what may be thought to be an abscess of the lung or brain, may have the true nature of their infection disclosed by the discovery of the ameba in the stools.

There are frequent instances of an involvement of the peritoneum, and rarely post-colonic and perinephritic involvement, due to the direct migration of the entameba; and Craig reports a case of a fistula thus formed between the rectum and the bladder.

More recently other organs have been reported as having been infected, either independently or coincident with an involvement of the colon. Thus we have the entameba given as the causative agent in bronchitis, Hodgkins' disease, abscesses in the muscles, and in the bone marrow or joints, causing an arthritis.

It was declared that the specific organism was found in all these cases, and many of them are reported as yielding to treatment. Such reports as these are becoming more frequent. Indeed, amebic bronchitis seems to be quite common in Egypt.

DISCUSSION

PHILIP K. GILMAN, M. D. (350 Post Street, San Francisco)—In spite of the frequent mention in medical literature of the subject of amebic infection, the lesson intended has not yet been learned. Too often, still, is the role played by the *Entameba histolytica* disregarded and one or more of its resultant manifold symptoms neglected. At least for this reason is Doctor Davidson's brief outline concerning the diagnosis of chronic amebiasis timely.

As is stated, the majority of physicians have so long associated the terms "ameba" and "dysentery" that, unless the sufferer manifests numerous bloody stools, this particular parasite is not considered. Constipation was present in more than half of the cases of amebiasis seen by us during the past five years.

Amebiasis occurs practically in all parts of the United States; in California it is apparently on the increase. Its symptoms may be so very indefinite that only by the most painstaking search may the cause be detected. No patient presenting indefinite symptoms referable to the abdomen should be subjected to an operation until infection with *Entameba histolytica* has been excluded.

Davidson groups his cases into those of mild severity, moderate, or severe and atypical. Here in California the

larger number of patients suffering from chronic amebiasis belong to the last subdivision—the atypical.

HERBERT GUNN, M. D. (350 Post Street, San Francisco)—Just as Dr. Davidson says, since the war the attention of the medical profession has been focused on the subject of amebiasis, and the fact that now many more physicians are on the lookout for it accounts, I believe, largely for the apparent increase noted in its incidence.

That still many medical men require to have the subject drawn to their attention is evidenced by the frequency with which the disease is overlooked—either not thought of at all or sought for by unsuitable methods and overlooked.

At the present time I have under observation two patients who, not being relieved of symptoms by appendectomies, were investigated for amebic infection and found positive.

Routine examination of the stools in such cases, as advocated by Davidson, would practically make impossible such gross errors.

EVOLUTION OF THE SURGEON FROM THE GENERAL PRACTITIONER †

By A. S. MUSANTE *
(*From the Division of Surgery, St. Joseph's Hospital, San Francisco*)

IT IS my purpose to briefly discuss the manner by which a doctor ambitious to do surgery can, with profit, first spend a preliminary period in general practice, rather than to plunge, immediately after graduation, into specialized operative work or post-graduate surgical study. If it can be shown that five, ten, or more years of general practice in medicine and surgery and, after that, specialized post-graduate surgical study is the proper preparation for prospective operators, it will be very satisfying. If it should be evident that a surgeon without preliminary general practice, but with only a year's post-graduate study or less is apt to fall short in diagnosing and treating many complaints apparently within his field, because the patient's abnormality in its entirety is not thoroughly comprehended, it will establish the conviction aimed at.

HOSPITAL SHOULD PREVENT IMPROPER OPERATIONS

The question of whether a surgeon is doing proper work or, instead, is performing useless operations or raising the mortality rates is of much importance nowadays to those who are in charge of hospitals, as the American College of Surgeons and American Medical Association make it the duty of the hospitals, among other things, to review the work of the doctors so as to prevent avoidable operations and deaths. Instances of certain doctors being denied the privilege of practicing in hospitals, because of their incompetency or unscrupulousness, have been brought to our attention and courts have upheld those who sought to prevent unnecessary or poorly performed operations. In fact, the time has passed, with the progress of our institutions, when in worthy hospitals patients are at the mercy of incompetent or dishonest doctors, those in charge of these hospitals having risen to the high and noble plane of feeling responsible for the proper care of the sick and injured coming under their charge.

SURGICAL COMPLAINT OFTEN DECEIVING

May I recite an instance which impressed me with the advantage that would redound to a surgeon and his patients if five or ten years of general practice were engaged in by those who wish to be surgical operators? A woman, 32 years of age, was brought to me about ten years ago with a history of having been operated upon for bleeding piles by a prominent surgeon one year before. The piles had returned and the same surgeon desired to operate again, but the patient was not willing. It was not difficult to discover that her present and previous piles were due to a well-developed case of cirrhosis of the liver. Regulation of this woman's diet corrected her hemorrhoids, although the liver condition very rapidly caused her death. If the surgeon she consulted at the time she first complained of piles had made a correct diagnosis he would not have operated upon her for piles, but may have done a Talma operation for the cirrhosis which might have helped her very much. When I saw her, the liver condition was too advanced and rapid for any such procedure, and she died after six months.

GENERAL PRACTICE A GOOD SURGICAL PRELIMINARY

A surgeon without a wide foundation of general practice cannot build his surgical career as solidly as if he had a long, broad experience in general medicine. It is true that every surgeon has had a course in college covering all the maladies "that flesh is heir to," but no deep-thinking person would claim that this is enough to diagnose and treat correctly all that had been studied, unless it is followed by practical experience in handling repeatedly the different diseases. As a matter of fact, every doctor—whether specialist or general physician—should have a sound knowledge of the entire field of medicine and surgery, so that if called upon, especially in an emergency, he will by his conduct reflect credit upon our profession which he upon such occasion represents. He would not be guilty of the conduct of a certain specialist who, while on his vacation, was asked to see a teacher who had fainted. Finding her prostrate and unconscious, this doctor declared he was a specialist and knew nothing about what ailed the patient and left her. The next physician called found that the bystanders had done what should have been ordered by the specialist. The most difficult problem of the second doctor was to deal with the adverse criticism that was being heaped upon the previous doctor.

One who precedes his surgical work with general practice as a rule has a good deal of experience with surgical consultants and operators, whom he assists many times, and this contact will not only be valuable from a teaching standpoint, but it will enable him to discover if he is fit for the trying situations

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of the surgery. We all know of persons who, instead of stepping from general practice to a specialty, have reversed matters and given up specialized work to take up the labors of the general practitioner.

The new M. D. who, with or without post-graduate surgical study, attempts surgical specialization, is apt to find it more difficult to develop a successful practice in his specialty than the one who has found in his years of general practice that he is being consulted for surgical conditions more and more, becoming quite capable to decide which cases need operation—the most important qualification of a surgeon—and follow them through and after operation, learning his technique at the operating-table and soon finding himself competent to handle most of his patients alone. He now becomes what many allude to—often contemptuously—as the "occasional operator," meaning that he does general work but operates upon patients whom he feels he can do as well by as the men he was in the habit of calling in to help him. For him post-graduate study in surgery, when undertaken, will be built upon a broad medical experience.

ECONOMICAL ADVANTAGE OF PLAN

Economically, the new doctor who starts out to do surgery, even although he has learned a great deal of technique during the operative assistance he has rendered in his intern year, finds that he is called in mainly for children's and old peoples' maladies at first, and when he does get a chance to operate his knowledge and courage, manifested for operations at the end of his hospital service, fail him and he does best if he calls in an experienced surgeon to assist him. He is apt to encounter financial difficulties also if he does not take up general work, as his chances for adequate fees are small indeed. If he starts general practice soon after his graduation, he is more likely to immediately begin to do something, while if he continues with post-graduate study he adds more expense to the costly medical course he has just ended. Do not construe the above as being against either post-graduate study or specialization, as both are highly necessary for the advancement of medicine and surgery. The only question is: Should they be preceded by a practical medical general foundation or not?

YOUNG GRADUATE AS FAMILY PHYSICIAN

A period of years in general practice will tend to meet the growing shortage of that noble character and pioneer in our modern history, the family physician, whose passing is bemoaned by many prominent medical and lay leaders. Families in the city and country want the general practitioner, to whom they may go with all their ailments and, while it may be well that the old, overworked family physician is not as common as before, it will always be desirable to keep up the custom of having doctors—preferably young, active ones—who will be in a position to serve as general medical advisers, calling in specialists whenever needed. And who better than the recent graduate, with the progress of medicine just reviewed, can serve in this capacity with profit to his patients and himself?

THE CONSERVATIVE TREATMENT OF ECLAMPSIA

By Margaret Schulze *

Prenatal care is a most important factor in the elimination of eclampsia. A well-controlled service will show far fewer cases, and these of milder type than an emergency service.

Pre-eclamptic toxemia should receive immediate and carefully controlled medical treatment in a hospital, and unless the condition subsides promptly, the pregnancy should be terminated, either by induction of labor or in carefully selected cases by Caesarean section.

In the treatment of eclampsia itself, radical operative measures, as Caesarean section and accouchement force, add very materially to the maternal risk, both in mild and severe cases. Mild cases do comparatively well under any type of treatment, yet even here the risk is doubled by radical intervention, while the chance for recovery of a severe case is very markedly decreased by the trauma of an operative intervention. Reliance should, therefore, be placed on morphin and eliminative measures, and no attempts at delivery should be made until the cervix is dilated. The value of venesection is not fully established, since Lichtenstein, Williams, and others report excellent results from its use, while the British Commission found a higher mortality in cases where it had been employed.

The interest of the child cannot be argued in favor of radical intervention, since its chances depend first, on its maturity; second, on the severity of the toxemia, and only very slightly on the method of delivery.

Cases of eclampsia which show no sign of the onset of labor during the course of conservative treatment should have labor induced, since this does not add to the maternal risk, while death of the fetus or continuance of the maternal toxemia is the rule in this type of patient.

Discussion *by P. O. Sundin, Los Angeles; H. J. Ring, Ferndale; Harry S. Fist, Los Angeles; E. N. Ewer, Oakland.*

SINCE eclampsia is one of the most serious complications with which the obstetrician has to deal, its treatment becomes a matter of the greatest practical interest. In spite of most extensive investigation, its etiology remains unknown and its treatment, therefore, at present empirical.

With the development of the toxemia theory of the disease, it seemed entirely logical that the best way to treat a toxemia occurring only in the pregnant state was the most rapid possible termination of the pregnancy. Accordingly, radical operative delivery by Caesarean section, first recommended by Dührssen in 1891, or by vaginal hysterotomy or accouchement force, came to be so generally accepted that, in spite of extremely bad results, any recommendation of greater conservatism met with very little favor. Stroganoff's first report at the Paris Congress of 1900 of ninety-nine cases with a mortality of 5 per cent, in spite of the excellence of the results, made comparatively little impression, and it was only after he had personally demonstrated his method in a number of clinics that it began to be accepted there. Conservative treatment, with the emphasis on eliminative measures, has been practiced at the Rotunda Hospital in Dublin since 1903 with a mortality varying from 8 to 12 per cent, yet was almost unknown in other parts

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of Great Britain. Lichtenstein, noting that apparently those cases did best which had lost considerable blood at the time of delivery, recommended free venesection without operative intervention, and in 1913 reported ninety-four cases so treated, with a maternal mortality of 5.3 per cent.

Gradually the excellence of these results began to make their impression, and with the recognition that the most diverse types of non-operative treatment yielded almost comparable results, the idea gained ground that the trauma of operative delivery must be an important factor in maternal mortality. In the past ten years conservative treatment has come into rapidly increasing vogue, and with it reports of marked decrease in mortality. McPherson states that, under reasonably conservative treatment, the mortality at Sloane was reduced from 28.3 to 14.5 per cent. His own results at the New York Lying-In Hospital showed a corrected mortality of 9 per cent in a series of fifty-five cases. The London Committee of the British Congress of Obstetrics and Gynecology in an analysis of 425 cases reports a mortality of 5.2 per cent in mild cases treated conservatively, with 9.8 per cent in those treated by Caesarean section, while the results in severe cases were 26.3 per cent and 43.2 per cent, respectively. Wilson, from the Johns Hopkins Service, reports a reduction from 14.2 to 2.3 per cent in mild cases and from 38.8 to 19.4 per cent in severe cases, with the adoption of conservative methods in a total of 247 cases. Numerous reports from smaller services show similar improvement in results.

With these points in mind, I have analyzed the treatment and results of fifty cases of eclampsia observed in the University of California service.

Although this series is too small to permit of final conclusions regarding the comparative value of various types of therapy, it brings out a number of points of much interest. The first of these is the comparative rarity of the disease in San Francisco. The second, the marked difference in frequency and severity of type of the disease encountered in two services in the same community. Thirty of these cases occurred in a series of 6000 obstetric cases, delivered in the University of California obstetric service during a period of sixteen years, an incidence of one case in 200. Twenty occurred in a series of approximately 2700 cases in the San Francisco Hospital service in the past five years, an incidence of one case in 135.

We now classify the cases into mild and severe according to the criteria established by Eden, in which the presence of more than one of the following phenomena justifies classification as a severe case: (a) coma; (b) pulse rate over 120; (c) temperature over 103 degrees; (d) a number of fits greater than ten; (e) a urine which becomes solid on boiling; (f) a blood pressure over 200. Of the thirty University of California cases, only five, or one-sixth, could be classified as severe, and of these one died, a mortality of 3.3 per cent for the total series, or of 20 per cent for the severe cases. Of the twenty San Francisco Hospital cases, ten, or one-half the total number, were of the severe type, and of these, two were practically moribund on admission, and a number of those classified as "mild" showed one of the danger signs noted above. Of this series, five died, a mortality of 25 per cent for the total series, and of 50 per cent for the severe cases. Since the line of treatment followed has been practically the same in the two institutions, the wide discrepancy in results can be explained only on the basis of difference in severity of the disease. Further, it must not be overlooked that both series are so small that even one fatal case will markedly influence the results, and inclusion of the two moribund cases, which would undoubtedly have died under any method of treatment, almost doubles the mortality rate for the San Francisco Hospital.

Seeking now for the cause of this remarkable difference in frequency and severity of eclampsia in these two institutions, we find that the essential difference is the fact that the University of California service has had, almost since its inception, a well regulated prenatal clinic through which nearly every patient delivered in the hospital passes. The prenatal clinic at the San Francisco Hospital is a more recent development; and patients still apply to this hospital through the emergency service. A large proportion of patients, therefore, are not seen until they are in labor or have developed some serious complication of pregnancy. Only two of the cases classified as "severe" in this series were seen before the onset of convulsions, and both of these entered with a severe pre-eclamptic toxemia. These observations serve to further emphasize the generally conceded point that the treatment of eclampsia is largely prophylactic, and that in a service with properly regulated prenatal clinic, the incidence of the true convulsive toxemia is rare, and the type of case usually mild.

A consideration of the results of treatment in this series is confused by the fact that no one definite routine was followed for any large number of cases, but treatment was markedly individualized, yet the series is too small to allow of adequate comparisons between different methods followed. Nevertheless, an attempt will be made to form as fair an estimate as possible.

Of cases treated conservatively—that is, without attempt at immediate delivery—there are thirty-one. Two of these died undelivered, the moribund cases mentioned previously. Nine were delivered spontaneously, without deaths. Eleven were assisted deliveries, that is, low or mid forceps, or breech extraction after complete dilatation of the cervix had occurred, also without deaths. In six, labor was induced by bag in the pre-eclamptic stage. In three of these convulsions developed during the course of the labor, in the other three, postpartum. The first case was of severe type, yet the patient recovered from her toxemic manifestations, only to succumb on the twenty-second day from streptococcus pneumonia and meningitis. In three patients, labor was induced by bag during an antepartum eclampsia, all of them recovering. The total mortality for this series, then, is 9.6 per cent. Classified into mild and severe, gives twenty-six mild cases, without mortality. Of the five patients with severe eclampsia, two were moribund and would undoubtedly have died under any method of treatment, one

recovered from her eclampsia only to die of infection, while the other two recovered. It would seem, therefore, that conservative treatment gives entirely satisfactory results in the mild type of case, but has not had a fair or adequate trial in the severe type in this series.

Radical measures for immediate delivery were instituted in nineteen cases; accouchement force was applied in fourteen; and Caesarean section in five. Accouchement force has not been attended by the disastrous results ascribed to it by Eden, Williams, and others. Of the fourteen patients, only one died, a total mortality of 7.1 per cent. Of eight mild cases, all recovered. Of six serious ones, one died within twenty-four hours of delivery of continued toxemia, a mortality of 16.6 per cent.

The results in the small group of Caesarean sections in this series were even worse than those generally reported. Of five patients, two died, a mortality of 40 per cent. One mild case recovered, two of four severe cases died, one within twenty-four hours, of continued toxemia, the other five days postpartum of post-operative pneumonia; a mortality of 50 per cent for the severe cases.

A consideration of the factors in fetal mortality is of importance, since the interest of the child is often argued in favor of radical intervention, particularly Caesarean section. Wilson reports practically identical percentages of fetal mortality, 110 treated radically, and 137 conservatively. The total mortality in this series, including still-births and neonatal deaths, was 21, or 42 per cent. The most important factor in fetal mortality was found to be prematurity, since of 19 patients delivered before the eighth month, 15 died, or 79 per cent; of 31 delivered after the eighth month, only 6 died, or 19 per cent. Severity of the maternal toxemia was also a very important factor, since of 15 severe eclampsias, 9 babies died, a mortality of 60 per cent, while of 35 mild cases, 12 babies died, or 34 per cent. The type of delivery seems of secondary importance, since Caesarean section shows 40 per cent mortality, practically the same as the total average. Natural delivery gives 56 per cent; accouchement force, usually accredited with a very high fetal death rate, gives 57 per cent, while in thirteen instances of assisted delivery there was no fetal mortality; these, however, were practically all at term, only one was before the eighth month, and only two were severe toxemias.

A consideration of the cases of intercurrent eclampsia is of interest. Lichtenstein, in 1911, directed attention to the fact that labor does not always supervene in eclampsia, but that the woman may recover from the attack and give birth to a dead fetus some time later, or even go on to term and bear a living child. Our series shows four cases in which delivery was delayed for several days. Three patients were delivered of macerated fetuses from three to six days after the acute attack; one patient had a living child two days later. Although convulsions had ceased and the more acute symptoms had subsided, in none of these patients had blood pressure or urinary findings returned to normal, and in two of the first three labor was induced because of increasing evidence of pathological manifestations in these findings. From a consideration of these cases, and others reported in the literature, and the fact that bag induction of labor does not add to the mother's risk, as shown in a considerable series (eighty-three) by the London committee, we feel that patients showing no tendency to go into labor spontaneously should have labor induced, both with the view of preventing fetal mortality and possible permanent damage to the mother from continued toxemia.

Estimation of the comparative value of different medical measures in this series is most difficult, since most patients received several, and no uniform routine was adopted. Morphin to control convulsions was used in the great majority, and was combined with eliminative measures, gastric and colonic lavage, and croton oil, castor oil or magnesium sulphate, in most. Chloral and chloroform were used but rarely and in the early cases. Venesection was comparatively rarely employed, almost always in patients with marked hypertension and in only a few in the large amounts recommended by its enthusiastic advocates. Hot packs were used in the early cases, but have been abandoned. Fluids by rectum, or hypodermoclysis, were used in many. Intravenous glucose, sometimes given with insulin, has been used sometimes recently. Various other measures were employed in scattered cases, but morphin and elimination were the mainstay in the majority.

DISCUSSION

P. O. Sundin, M. D. (H. W. Hellman Building, Los Angeles) — The conservative treatment of eclampsia is indeed gaining in prestige. Dr. Schulze has very ably reviewed the subject and pointed out many conclusive points in its favor.

The importance of prenatal care cannot be overestimated; indeed the more intelligent classes demand proper observation, and clinic patients also co-operate more readily than formerly, both of which factors will eventually help reduce our obstetrical morbidity.

Patients having experienced toxemia in previous pregnancies often inform us that the blood pressure was not taken, that they were not advised regarding the manner of living—in fact, received no attention except an occasional urinalysis. This is not good obstetrics. It must not be forgotten that a steady increase in blood pressure, in spite of elimination and protein-free diet, is an ominous sign. A systolic of 160 is within the danger zone. Treatment should be sufficiently drastic to keep the blood pressure below this signal point.

Lazard recently reported a series of cases treated at the Los Angeles General Hospital with magnesium sulphate intravenously with very satisfactory results, especially in the control of convulsions. This may prove an important addition to the conservative treatment.

Dry or moist heat applied externally sometimes gives most gratifying results in patients with dry, inactive skin, and often the skin of these patients will continue to function properly after recovery.

In conclusion, would emphasize the importance of instructing patients regarding elimination, exercise, focal infection (especially teeth), reduction in protein diet, reporting regularly every two weeks for observation of blood pressure, weight, and urinalysis.

In this field I am satisfied we will render the best service to the prospective mother.

H. J. Ring, M. D. (Ferndale, California)—Dr. Schulze has presented a very able and interesting paper on the conservative treatment and method of handling eclampsia. The comparisons and percentages given are very conclusive. In the mild and the medium types of severity it should have first preference of procedure, giving great-

est attention to measures of elimination of the toxins by the proper stimulation of the excretory organs.

Prenatal attention is of utmost importance and may be made prophylactic.' Instructions regarding diet are absolutely necessary and should be rigidly enforced. Indications of the approach of toxemic tendencies ascertained by urinalysis, high blood pressure, or increase in temperature demands stimulation of elimination and the removal of the toxins from the system. For this purpose the greatest effects follow the use of the alkaline laxatives and the citrates of lithium, sodium and caffein, and should albuminuria, with tissue infiltration, be present the infusion of digitalis in moderate but sufficient doses, repeated several times daily, is a most dependable remedy and should not be overlooked, and when given between the alkaline laxatives will carry a patient safely through the toxemic period when eclampsia might otherwise be anticipated at any time.

HARRY S. FIST, M. D. (Westlake Professional Building, Los Angeles)—The subject of eclampsia is always of interest. It is very ably summarized by Doctor Schulze. This sort of analysis of statistics is a great aid in selecting methods of therapy.

The controversy between the advocates of conservative treatment of eclampsia and those who insist on active intervention will probably continue until a more ideal method of treatment has been formulated.

As Schulze points out, it is recognized that prophylaxis is the most efficient treatment of eclampsia. Talbot calls toxemia of pregnancy the end-result of long-standing infection, with its oft-repeated emboli of bacteria which cause disturbance of metabolic balance. On this very rational basis we may easily see how many of these patients would be greatly benefited by early treatment. The treatment should be instituted not only before the onset of convulsions and before the development of preeclamptic symptoms, but even before the advent of pregnancy.

This means that the woman who has at intervals comprehensive and careful examinations by a competent physician who will direct treatment toward elimination of foci of infection and will instruct her as to proper diet, habits of living, and general hygiene, will run far less risk of eclampsia than the woman who trusts to luck.

The prenatal clinic is a step in the right direction, but under the present system the examinations are perforce superficial and perfunctory. It is not sufficient that a diagnosis of position and presentation be made, and an occasional estimate of blood pressure and albumen be done. She should have a complete physical examination, including ophthalmoscopic examination and determination of hemoglobin, red cell count, white cell count, differential count, and frequent complete urinalysis from a twenty-four-hour specimen, with microscopic examination in every case.

Common sense dictates that the treatment for eclampsia include the following: elimination, sedation, and avoidance of injury to kidney, liver, and nervous system by avoiding the use of such irritants as chloral, chloroform, and frequent manipulation.

Beck advises the use of early large phlebotomy, quiet darkened room, no stomach tube (has brought on convulsion in 50 per cent of his cases). He uses colonic irrigation once in twenty-four hours instead of every six hours.

My personal feeling is that the intravenous use of magnesium sulphate, used in accordance with the technique developed by Lazard, is at present our best method of treatment. In his series of cases the mortality has been lowered, and practically every patient not moribund on admission has been saved. The magnesium sulphate seems to increase elimination and to act as a sedative to the nervous system. Convulsions quickly cease, and the blood pressure drops. It is worthy of note that the patients who received a great deal of additional treatment did not fare so well as those who received practically nothing but the magnesium sulphate, with probably a little morphin. Lazard has concluded that it is well to give ample dosage early, and then leave the patient very much alone.

The classification of Eden, according to the severity of the attack, seems a good one, although it would seem more rational to classify the cases according to the part of the body most involved. Roughly speaking, there are two types of the disease—the hepatic and the nephritic. The former develops quickly, without previous hypertension or albumen, subsides quickly after delivery, and has no tendency to recur. The latter shows long-standing and gradually increasing albumen and hypertension, which diminish very slowly after delivery, and tend to become more aggravated with each pregnancy.

I would like to see this good work of Dr. Schulze carried out further.

EDWARD NORTON EWER, M. D. (Oakland, California)—I am a convert from the operative to the conservative method of treating eclampsia, and yet I have seen a greater percentage of deaths from the latter than from the former. However, one must not decide such a matter from his own small personal experience. Great masses of statistics from many sources prove that the mortality of conservative treatment is about 9 per cent, while Caesarean in well conducted maternity hospitals in Great Britain shows 16 per cent, and at large 32 per cent (Fitzgibbon). Similar results for both methods have repeatedly been reported in this country, so to be consistent we must abandon section as we did accouchement force as a routine method of treatment during the height of the toxemia. My own preference is for the well-known Rotunda method without morphin. Morphin was given up at the Rotunda five years ago, because it was found that it did not materially influence the number or severity of the convulsions. My own experience with it is the same, and I believe it is not compatible with the rest of the eliminative treatment. As Schulze points out, it is convenient to divide eclampsia into severe and mild, according to certain more or less definite characteristics; and the opinion is that the mild cases give a good account of themselves under any of the conservative treatments. Stander and Duncan state that the severe type is accompanied with changes in the blood chemistry which serve to identify it and mark it for further treatment than the mild cases require. The CO_2 combining power is greatly decreased, and there is a rise in the blood sugar. They give 15 to 25 units of insulin, usually with a protective dose of glucose. If this treatment serves to reduce the mortality in these severe cases it will be a most welcome advance. The Los Angeles treatment, that is to say, the introduction of 10 per cent solution of magnesium sulphate intravenously, I have seen tried but once. It was added to the Dublin eliminative treatment, but the case was of the extremely fulminant type, and the patient died ten hours after the first convulsion.

The only way to get the conservative treatment over is for workers in well-conducted centers to present the facts frequently and forcefully as Dr. Schulze has done.

DOCTOR SCHULZE (closing)—The chief value of such a study as this one is to formulate clearly in our minds the actual results with various types of treatment. As Dr. Ewer has pointed out, in a disease so comparatively rare as eclampsia, and one with such marked variations in clinical severity, the experience of any one individual can never be sufficiently great to enable him to draw trustworthy conclusions, even though he have a very large practice or control of a large clinic. In so serious a disease as eclampsia, the natural tendency is to feel that we must adopt strenous methods of treatment, and I am sure we all rest more easily when we know that an eclamptic patient has been delivered. Yet, if we will keep clearly in mind the fact that combined statistics from many countries show a reduction of 50 per cent or more in maternal mortality, with practically no change in fetal mortality, with the abandonment of rapid traumatic methods of delivery, as Caesarean section or accouchement force, I am sure it will give us courage to continue with conservative treatment even in the face of an occasional unsuccessful result.

An old darky got up one night at a revival meeting and said: "Brudders an' sisters, you knows an' I knows dat I ain't been what I oughter been. I'se robbed henroosts, stole hawgs, tole lies, shot craps, an' got drunk an' all sich, but I thank de Lord dere's one thing I ain't neber done; I ain't neber lost mah religion."

BRIEF OUTLINE OF THE CAUSE AND TREATMENT OF CHRONIC POLYARTHRITIS

WITH REPORT BASED UPON ONE HUNDRED AND FOUR CASES TREATED

By REA SMITH *

DISCUSSION *by Harlan Shoemaker, Los Angeles; Joseph H. Shaw, Santa Rosa.*

CHRONIC polyarthritis, in my opinion, has its origin in a focal infection in the intestinal tract, due to an unbalanced or perverted intestinal flora, made possible by the failure of some part of the ileocecal coil to empty itself properly. From the careful and repeated x-ray examination of more than one hundred cases of arthritis and the abdominal operative findings in ninety-eight cases, extending over a period of thirteen years, I have been able to draw some very definite conclusions as to the existence of an intestinal focus of infection, the nature of the intestinal deformity and the method of its production.

Infection of the teeth and tonsils are undoubtedly the cause of many cases of acute arthritis, and their removal quickly clears up the symptoms. But in chronic cases the removal of teeth and tonsils has, as a rule, very little permanent effect, the reason being that an intestinal infection has taken place and a larger focus developed so that then the clearing up of the head foci hardly affects the load of infection at all.

The similarity of the picture of the ileocecal coil in all of these cases has led me to the conclusion that the typical soil for development of arthritis is a congenitally mobile cecum which has been attached to the side wall of the abdomen by nature in an effort to lift up and anchor a prolapsing organ.

By a reduplication of peritoneum starting at the right colic artery and extending to the parietal peritoneum over the right kidney, the colon is rolled and folded so that it gives the appearance of an hour-glass, with the cecum thin-walled and toneless. There is usually a binding down of the ileum somewhere in its terminal 8 inches (20 cm.), increasing the torsion in the ascending colon so that the physiologic function of the colon is crippled and the cecum becomes an inert sac, which does not empty itself. This sac, constantly filled with culture medium, becomes infected with streptococcus, either from a head infection or from the terminal ileum, which is a natural habitat of the streptococcus viridens. The streptococcus becomes the predominating colon organism and we have an overbalanced flora resulting, which in its turn becomes the focus of infection that keeps up the arthritis.

These patients all harbor great numbers of flagellate protozoa, ameba, probably incidental to the intestinal stasis, although they may be concerned in some way in the etiology of the disease. These parasites disappear after the surgical drainage of the pool and administration of oil.

The most striking results which follow the *removal* of the right colon has proved to me the colonic origin of the disease. This operation deprives the patient of his filter, and for ten days there is practically no water absorbed by the intestinal tract. It becomes necessary to supply water subcutaneously in order to prevent dehydration. My routine consists in giving a quart of salt solution daily by hypodermoclysis until the quantity of urine increases from approximately 1000 to 2000 cc. This happens usually from the tenth to the twelfth day. During this ten-day period the patient makes a wonderful recovery from joint trouble. In from forty-eight to seventy-two hours, the swelling disappears and the joints become more and more movable and the pain entirely disappears; but on the day the quantity of urine doubles, showing that the intestinal tract is again absorbing water, the symptoms recur. The perverted flora is still able to act as a focal infection and the joints then clear up slowly as the flora returns to normal. The removal of the right colon, however, particularly in debilitated patients, is such a formidable procedure that I have endeavored to develop a method of restoring the physiologic function of the crippled cecum by other methods. Since developing a simpler procedure, I have found it necessary to resect the colon but eight times in my last sixty-eight cases.

The interference with physiologic function of the cecum is easily demonstrated by dividing the constricting band with a sharp knife at its junction with the parietal peritoneum. The ascending colon immediately rolls out until 3 or 4 inches separate the ends of the divided band, and the cecum regains its normal color and contracts on mechanical stimulation. The interposition of tissue is the most important step in preventing recurrence, and *free* omental grafts are used to fill in all gaps and cover all denuded surfaces.

We have found the unpuckered mesoappendix, spread out and turned over toward the midline, is most useful in covering the denuded surface developing on the mesentery of the ileum after the division of a "Lane's kink," and I believe that again the interposition of tissue is most important in preventing a recontraction of peritoneal surfaces and a redevelopment of the kink.

Diagnosis is based on x-ray study of the gastro-intestinal tract and bacteriological study of the stool. Routine gastro-intestinal examination with the immediate six and twenty-four-hour observations is not sufficient; observations every two hours from the sixth after ingestion of barium meal until the ileum is empty, and twenty-four-hour observations of the cecum until empty are essential. Also the mobility of the terminal ileum and cecum is studied as carefully as the motility. Often the break in the shadows does not become manifest until the forty-eight-hour

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observation, when the colon thins out or completely empties from the middle of the ascending colon, leaving a densely packed cecum, which persists for an indefinite period. I have followed this up to 120 hours, and consider this densely packed cecum as evidence of obstruction by the breaking of the peristaltic wave and plan operation to restore the lost physiological function to the cecum. Either before or after the gastro-intestinal study, all of these patients are given a balanced diet for forty-eight hours, and stool smears are studied for gram negative and gram positive bacterial balance. In chronic arthritics, instead of a 2 or 3 to 1 gram negative predominance, it is usually from 10 or 20 to 1. Only occasionally do we find a gram positive predominance.

AFTER-TREATMENT

After establishing drainage, it is my belief that these patients will slowly restore their own bacterial balance without treatment on a mixed diet in from two to three years. Attempts to shorten this period are constantly being made, and I will briefly outline the routine now being followed.

Patients with gram negative bacteria predominating are given a non-proteid diet, paraffin oil, acidophilus milk, abdominal support, and recently vaccines (after Burbank) from the predominating intestinal bacteria. On this regime, most patients show great improvement in six months, but the evidences of active arthritis are present for a year or more. The symptoms follow very closely the laboratory findings on the stool check, the joint symptoms subsiding as the count approaches normal and lighting up when the count slides back.

The patient in whom gram positive bacteria predominate is put on a proteid diet—usually milk—and returns to normal, both in bacterial count and in loss of joint symptoms much more rapidly than the gram negative.

If there is no mechanical intestinal abnormality, but instead a general colon sluggishness, the after-surgical treatment, designed to re-establish a normal intestinal flora without surgery, will produce the same result. In a group of ten cases great symptomatic improvement has followed this treatment without surgical intervention. Other patients, treated medically without any improvement, have had an immediate relief of symptoms following a surgical removal of intestinal obstruction followed by appropriate medical regime.

The joints become amenable to orthopedic treatment as soon as the pain subsides and operations and manipulations can be carried out without fear of lighting up another attack of acute inflammation, which always hampers the orthopedic surgeon when he attempts any radical procedure in the presence of infection.

I want especially to register a protest against fixation of joints by plaster casts and against manipulation of joints during active inflammation. It is almost impossible to get function in joints that have been subjected to these two forms of treatment. It has been my good fortune to have the help and cooperation of excellent orthopedic surgeons in the reconstruction of many of these patients. They have been able to get function in all types of deformed joints, except the ones that had been fixed. The previous surgeon, believing that he was dealing with an incurable disease, considered a stiff leg better than a painful one.

DISCUSSION

HARLAN SHOEMAKER, M. D. (Bank of Italy Building, Los Angeles) — Rheumatoid arthritis or chronic polyarthritis, as Doctor Smith is pleased to call it, is a very serious disease to the afflicted individual. First, it is very insidious in onset. Second, it is of a painful and disabling nature, and third, it is of long duration. These three factors, when brought together in one disease, make the patient a charge upon his friends and the public. This charge is not only an anxiety for the well-being of the relative or friend, but the financial outlay caused by the inability of the patient to help himself in any way, and by the prolonged personal service which must be devoted to the afflicted individual by his friends and relatives.

These factors justify any method of procedure that would ameliorate the symptoms. Dr. Smith has manifested great courage in pursuing his methods in the face of almost insuperable obstacles. His paper unfolds a world of technicality for surgeons of every specialty. The exact cause of arthritis is not known. Dr. Smith speaks of streptococcus viridens as one of its causes.

One would be inclined to think this organism a secondary invader, as it is in other diseases in which it is found associated. The third stage of tuberculosis might be cited as an illustration. The doctor lays a great deal of stress on obstruction to the alvin flow by bands and kinks. There are, however, innumerable cases on record in which stases has gone on to obstruction and become complete over a period of years. But arthritis has not developed consistently following the obstruction. Therefore, I naturally infer that his theory of permeability of the cecum as the cause of this disease, by flooding the joints and bursa with the infective agent, is nearer the correct explanation of the gross morbid pathology than any yet given.

I note by his paper that in the study of the gram positive and negative findings of the stool that the stools more frequently show gram negative bacilli than they do gram positive. The streptococcus viridens is a gram positive organism. One of the principal arguments in the doctor's paper that would lead me to believe an imperfect filter of the contents from the cecum is a factor in polyarthritis of the persons afflicted, is the result obtained in resection of the right colon as compared with any other method of treatment.

I have seen some of the author's patients, and my personal impression is that the right side colectomies suffer fewer recurrences and heal more quickly and are more often relieved of their pain than the patients upon whom plastic surgery of the intestinal tract has been done, or upon whom only remedial measures and diet has been carried out. The result in some of Dr. Smith's cases have been little short of miraculous. When a patient resumes his past occupation without pain and complete function of the joints, as has been accomplished by surgery in this very insidious disease, it would seem that his method is the method of choice for those suffering from chronic polyarthritis.

JOSEPH H. SHAW, M. D. (Hahman Building, 213 Exchange Avenue, Santa Rosa, California)—In commenting upon this splendid article, I feel that I am somewhat treading on holy ground, as I take into consideration the great work that Rea Smith has done along this particularly undesirable avenue of helpfulness in our profession.

Favorable comment is due for the large number of cases cited; the findings so carefully correlated for our convenience in summing up, and painstakingly minute study of all aspects of his cases.

Rea Smith has taken patients who are least sought by physicians. He has taken them after they were "old cases," medicated almost beyond help, and brought them relief and often comfort.

I have followed the work of this pioneer for a good

many years, and I have seen him achieve results truly marvelous.

Some twelve years ago I brought Rea Smith a patient from Kentucky. This was in the early days of the focal infection era, and my patient had every suspected place of infection cleaned out thoroughly, without benefit. Thanks to Rea Smith, this patient is living and comfortable. Iliosigmoidostomy was first tried, with immediate and wonderful improvement. However, as soon as the colon began to fill up the patient's symptoms returned. A complete colon resection was then done, with satisfactory results continuing up to the present time.

Many other patients I have known have been brought to Rea Smith's understanding care—cases medicated beyond endurance, and done to death by every cult known to Los Angeles. These patients have in the main been helped.

I agree with Doctor Shoemaker that Smith's "theory of permeability of the cecum as the cause of this disease, by flooding the joints and bursa with the infective agent, is nearer the correct explanation of the gross morbid pathology than any yet given."

I have studied this outline with deep interest and great care. I am firm in the belief that we have read a new signboard on the avenue of this phase of medical achievement. My only criticism of this article is that the author's surgical treatment of the ascending colon is not described more exactly. This I hope he will do in another paper, together with accurate proofs of his findings.

SKIN DISEASES IN TWINS

By THOMAS J. CLARK AND FRANK H. STIBBENS *

DISCUSSION *by Moses Scholtz, Los Angeles; Hiram E. Miller, San Francisco; Samuel Ayres, Jr., Los Angeles.*

TWIN births are uncommon enough to excite more or less general interest, the statistical ratio being about one pair of twins to eighty single births. We are not aware of the proportion of twins that show skin disease, but the literature is not large, so we can reasonably assume that comparatively few twins are so affected. We report three cases: one of psoriasis, one of acne vulgaris, and one of ichthyosis.

The occurrence of skin diseases in twins offers an unusual opportunity to study the subject of predisposition and inheritance in disease.

We expect to see children of the same parents show resemblance in form and feature, and our experience has been that twins are, many times, so identical that they are difficult to distinguish.

Quite naturally we inquire why do children of the same family resemble each other and still differ in many ways, and why are twins so identical? The answer is bound up in the broad subject of heredity.

Can diseases be transmitted by heredity is answered in the affirmative by many examples in families showing special deficiencies in this way; such an example, oft quoted, is hemophilia. In the case of the twins with psoriasis, we have a metabolic disorder of the skin that is an instance of hereditary influences.

Twins of the same sex are derived from a single ovum and are so identical that they can be considered as parts of a double individual. If the skins of these twins vary from the normal and that variation tends to identity, then it is reasonable to ascribe these changes to inherited tendencies.

We must here distinguish between instances of true heredity, understanding by such expression the qualities bound up in the cells of the new individual and transmitted as the specific tendencies, modifying their growth and development by the composition of the chromosomes of the cells as differing from a possible transmission of a foreign substance, such as a disease germ or parasite, even granting that such could be possible.

J. G. Adami, in Osler's Modern Medicine, states that: "It is at the moment of fusion that the new individual begins its existence. Any influence acting upon and modifying it after this moment is something acquired by what is already a separate entity; it is not inherited."

The acceptance of this idea excludes the hereditary transmission of infectious diseases, such as tuberculosis and syphilis. These processes may be acquired after conception, and may be congenital.

If this is the truth, then a disease that we accept as an example of heredity occurring in twins of identical features, we cannot believe is of an infectious nature. We, therefore, would hold that psoriasis cannot be of an infectious nature.

But if the physical agents of infectious diseases are not transmitted by heredity, the effects of their reactions on the body cells may be passed on by heredity and so we have immunity to some disease as an example of progressive adaptation passed from parent to child.

Comparatively little is known of the natural laws underlying the controlling factors of heredity, but science in general accepts the Darwinian principle of new species resulting from the selective action of the environment upon variations of the individual, the law of crossing producing hybrids as discovered by Mendel, where the dominant qualities are maintained in the ratio of 3 to 1 to the recessive ones, and the law of proportional family qualities inherited by the offspring as propounded by Galton, this being that the child in his makeup, partakes of the qualities of his parents to the extent of one-half; of those of his grandparents, one-quarter; those of his great-grandparents, one-eighth; and so on, taking one-half of the preceding fraction for each step backward, so that the child is a composite of all the generations past, or at least of those qualities that are passed on by selection as determined by the immediate environment.

It is by such a process that we say nature maintains a balance, and those qualities survive that best suit the conditions.

The following cases are reported from the skin department of the Alameda County Public Health Service:

CASE 1—Twin boys, age 14 years.

Their parents are living and well. No history of skin trouble in the family could be elicited. The boys are high

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school students, are well developed, and of medium height. No history of preceding serious illnesses. They present a discreet nummular psoriasis rash of forearm arms, trunk, thighs and legs, and of the scalp. This has been present for three weeks. The lesions have been increasing from the start, and now vary in size from a split pea to a dollar. To see one boy with his psoriasis rash is practically to see the other, for the distribution of the lesions and their size and general appearance is identical. The rash appeared at the same time and on the same areas of the body, and the course of its progress has been at the same rate of change in both boys. They were given the iodid of iron internally and a salicylic acid ointment locally, and it was curious to see the disease clear up on them simultaneously in about one month.

CASE 2—Twin girls, age 12 years.

Of normal height and weight. No complaint, except the skin of both girls is harsh and scaly in the extensor surfaces of the arms and forearms and the extensor surfaces of the thighs. The mother reports the condition present from babyhood. The diagnosis is ichthyosis simplex.

CASE 3—Twin girls, age 13 years.

The mother reports them to have always been healthy. They are of good appearance and sturdy. They both have a mild adolescent acne vulgaris. Comedones are present, with also some discreet papules and pustules distributed upon the cheeks, chin, and forehead. In each individual the lesions have much the same appearance, and the areas of distribution about the face could be almost substituted in either girl.

The instances of skin affections of twins reported in the literature give diseases producing pigmentary changes, metabolic upset and atrophic or nervous changes principally.

H. W. Siemens gives his investigations in one hundred twins with skin trouble. He finds heredity, influences of freckels, chloasma, acrocyanosis, telangiectasis, seborrheic acne, eczema, hair color, and baldness.

Alfred Eddaws reports an interesting case of hydroa aestivale in girl twins.

J. B. Stone reports twin male infants with purpura, but there was an associated otitis media and rhinitis, so the case was evidently not one in which we could ascribe any hereditary influence.

CONCLUSIONS

Twins may be affected by any acquired pathological process, and with such would hold no more interest than other affected members in a family. The real benefit to be derived from the study of skin diseases in twins lies in studying those pathological conditions that are likely to be instances of true hereditary transmissions.

DISCUSSION

MOSES SCHOLTZ, M. D. (Brockman Building, Los Angeles)—Doctor Clark is to be commended for bringing to our attention so original and interesting a subject as dermatoses in twins.

I can contribute only a negative observation on the subject. I happen to have twins of my own, two boys, 14 years old. However, they do not look or act alike. One of them is over twenty pounds heavier than the other. They do not show any similarity in contracting and going through various diseases. At various times they had minor dermatologic disorders without any parallelism or close similarity. Apparently, they were derived from different ovi and belong to a different type of twins than those considered by Clark. Unquestionably, further observations along the lines originated by Clark would be of great interest to dermatologists as well as to the students of heredity.

HIRAM E. MILLER, M. D. (384 Post Street, San Francisco)—I have not had the responsibility of treating twins with generalized skin eruptions, nor can I compete with Doctor Scholtz in being the father of twins. I have, however, treated twins with acne vulgaris, with ringworm of the scalp, and with impetigo. A colleague from out of town wrote me several months ago for advice as to the treatment of twin boys with alopecia areata of the scalp. It developed on one child about three months after it developed on the other. The lesions were not in the same locations or of equal severity in each child. They did, however, clear in about the same length of time. I have enjoyed reading this paper very much, and I believe it is a valuable contribution to our meager literature on skin diseases in twins.

SAMUEL AYRES, JR., M. D. (Westlake Professional Building, Los Angeles)—I am sorry that I can add nothing in the way of personal observation to this discussion. While the subject is interesting from the standpoint of rarity, I fail to see how it proves anything in regard to the etiology of skin diseases. The conclusion that psoriasis is not of an infectious nature is derived, not from the fact that it occurred in twins simultaneously, but from the two premises (1) that all diseases due to heredity are not infectious, and (2) that psoriasis is due to heredity, assuming, of course, that the second premise is correct.

The careful observation and recording of simultaneous skin eruptions, believed to be of constitutional origin occurring in identical twins, may throw some light, however, on some of the obscure problems of biology, personality, etc., and possibly on some phase of the disease itself.

Knowledge for its own sake is always worth while. Any one bit of knowledge may be the very one needed by another investigator to complete an important piece of research.

DOCTOR CLARK (closing)—The authors of this paper wish to thank the gentlemen for the interest manifested in the subject. We believe there is a unique field for observation of hereditary influences in these twin cases.

In this technical age we are approaching a time when we must have a technical government. Politicians and small-town lawyers cannot translate science into everyday life for the benefit of their constituents, nor discuss with other than perfunctory oratory matters requiring knowledge of fact. Washington already is full of men of science serving our nation for a pittance, and under the dominance of the old-time politician. It is time they were taken from their offices in the Department of What Not, and moved to Capitol Hill with authority to act.—The Dearborn Independent.

In discussing intelligence and character, Dr. Ira S. Wile of New York pointed out that frequently the greatest criminals are the most intelligent. While defective mentality and crime are usually closely associated, one is not of necessity dependent upon the other. Intelligence is often expressed more fully in the things we do not do than in the things we may attempt. Instinct may dominate our motor senses, but character controls our higher emotions.—The Nation's Health, April, 1926.

The physical development of the child must be correlated with his mental and moral education. The home and school must share his training responsibility. Tendencies at this time seem to be toward lessening the home responsibility and charging the school, the psychologist, and the psychiatrist with the duty of turning out the best possible adult product.—The Nation's Health, April, 1926.

A consultation should be of use not alone to the patient but to both doctors parties to it. Every such meeting should teach something to those concerned; lack of a proper rapprochement spoils it all, and time, money, and effort are wasted in an utterly senseless manner.—Journal Medical Society, New Jersey, April, 1926.

"Andrews to Demand Teeth for Dry Law"—headline. A few wisdom teeth might not be amiss.—Virginian Pilot.

- BEDSIDE MEDICINE FOR BEDSIDE DOCTORS -

An open forum for brief discussions of the workaday problems of the bedside doctor. Suggestions for subjects and discussants invited. Useful extracts from letters will be published.

COMMON SENSE AND URINARY LITHIASIS

The Editor—The subject for this issue of *Bedside Medicine for the Bedside Doctor* was suggested by Edward S. Pomeroy who opens the discussion. It seems well to review occasionally our knowledge about some of the common and troublesome conditions which affect man's health adversely, materially influence morbidity statistics, and even contribute to mortality rates.

The standing army of "stone carriers" at any roll call would show numbers well up into the hundreds of thousands. These patients are still pestered and exploited by patent medicine fakers and cultists who "cure" by laying on of hands, punching a backbone, giving something to dissolve the stone or convincing the patient that the stone is a creature of the imagination. Uplifters and medical reformers usually let the subject severely alone and thereby show some intelligence.

Whatever the conditions that induce the beginning of stone, about which there are many and changing theories and much worthwhile but still inconclusive evidence, the fact is clear that once started, stones "grow" from the injudicious use of food and drink.

Physicians practicing in urban centers where there are plenty of fine complete hospitals and where specialists of a score or more classes are constantly available for consultation, often forget that nearly half of the general population, and a smaller percentage of doctors, are not so fortunately situated. There are some interesting stories here by physicians serving on the outposts. They tell quite frankly of their problems with one of the common ailments of mankind and how they handle them. All of which reminds me of my first contact with these problems as they appeared to me as a boy living in Opie Read's country. The family doctor had made a diagnosis of "obstruction of the bowel' in one of my boy friends. The weather was warm. A kitchen table was moved out under the shade of an elm. The doctor anesthetized the patient and then turned the sponge (literal) over to a "granny." He proceeded to open the abdomen and let out the pus (undoubtedly a ruptured appendix) and incidentally what looked to me like acres of intestines ballooned out of the opening and were caught in a washtub half filled with warm water. Then the abdomen was flushed with comfortably hot water and then came the real job of getting the intestines back into the abdomen. Finally this was accomplished, and by some chance the patient recovered.

Other suggestions for subjects for *Bedside Medicine* and names of additional discussants are invited. A postcard to the editor is sufficient.

Edward S. Pomeroy, M. D. (Judge Building, Salt Lake City)—Many theories have been evolved as to the etiology of stone formation in the urinary tract, and much experimental labor has endeavored to throw light on this subject, but we are still far from any sound conclusion.

However, various factors have been undoubtedly shown to have some bearing on this frequent and distressing accident in the chemistry or physics of the human body, and a brief résumé will recall that infection in some patients seems to be related to stone formation, and in others long and chronic infection does not prove to be of any such effect. Again, there are those in whom urinary stasis from any cause seems to be in some way connected with lithiasis, and in others no matter how much nor how long the condition of stasis persists there is no stone production. Foreign bodies undoubtedly often constitute the beginning of calculi. Other theories have as their basis, heredity, diet, climate, presence or absence of certain colloids in the urine, etc., none of which has proved anything conclusively.

The one constant factor present in all urine, without which there can be no urinary lithiasis is the condition of saturation and often even supersaturation of the urine with the so-called urinary salts. Given the condition of supersaturation, it is easy to precipitate a few crystals which may act as a nidus, and given also any of the above abnormal conditions in the urinary tract, undoubtedly a stone may follow.

It is a common and prevailing habit of our people to gulp down a lot of water with meals, thereby diluting the digestive juices, and think they are drinking lots of water, whereas, to keep a safe dilution of the urinary salts, water should be taken at more frequent intervals throughout the day. This, together with less ingestion of concentrated foods, would undoubtedly go a long way in reducing the frequency of that distressing, painful, and serious condition—urinary lithiasis.

Walter G. Schulte, M. D. (Boston Building, Salt Lake City)—The diagnosis of urinary lithiasis is often difficult to make. Given a frank case with all the classical symptoms of a chronic cystitis, ammoniacal urine, dysuria, with perhaps a sudden interruption of the stream, frequency, urgency, hematuria, etc., and a diagnosis of cystolithiasis is seldom wrong, and can easily be confirmed with a small sound. With a finger in the rectum, or vagina, the stone may be felt through the posterior bladder wall. The picture may be very different with small urate stones. The urine is hazy and has a normal odor. There is apt to be a sudden interruption of the stream, and some terminal pain, but may lack frequency, dysuria and gross hematuria. If these symptoms follow shortly after a severe colicky pain in the back, radiating to the thighs and testes or labia, they are indicative of stone.

Severe colicky pains in the loin, with sudden onset, hematuria, normal temperature and severe prostration, naturally make us think of nephrolithiasis or ureterolithiasis. But all these symptoms merely signify interference with drainage of the kidney, and

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an effort to remove the obstruction. Hematuria usually means erosion somewhere in the urinary tract. There is the large group of silent stones which offer so little interference to the normal physiology that are often discovered accidentally, as it were. As a check upon diagnosis, we must bear in mind certain pathological states with allied physiology and symptoms, as intermittent hydronephrosis, due to obstruction of the ureter other than by stone.

At all ages we must consider new growths, benign or malignant, and in men obstruction at the bladder outlet, prostatism or stricture. In women a urethral stricture due to trauma at childbirth. Hemorrhoids must be considered as they are at times associated with urinary frequency. In younger people we must not lose sight of tuberculosis, or chronic ureteritis with stricture and pyonephrosis, pyelonephritis, pyelitis or hydronephrosis. Benign tumors with a long pedicle can produce all the symptoms of stone. Appendicitis, salpingitis, lumbar arthritis following apical dental abscess or chronic tonsillar infection may be confused with nephrolithiasis or ureterolithiasis.

In young women a urethritis may be so severe that it simulates stone by involving the trigone and producing most intense cystitis with hematuria. In young men, posterior urethritis and prostatitis are extremely common and a seminal vesiculitis can produce the classical picture of a nephrolithiasis. The bedside diagnosis of urinary lithiasis is often impossible and resort must be had to cystoscopy with ureteral catheterization, culture and urography.

Lionel P. Player, M. D. (384 Post Street, San Francisco)—The etiology of urinary lithiasis is still a subject for conjecture. Recently an organism has been isolated which may enlighten us, as it has been shown experimentally to cause an encrusted cystitis under certain conditions. A supersaturated crystaloid urine, undergoing change in reaction, might possibly favor precipitation; the precipitated salts alone or in combination with bacteria could form the nucleus of a calculs.

Differential diagnosis between urinary lithiasis and inflammatory lesions or neoplasms, etc., within the tract is often difficult because the symptoms are similar. Symptoms not rarely are referred to the opposite kidney and nausea and vomiting are common with vague urinary symptoms. Again acute abdominal and pelvic conditions, prostatitis and seminal vesiculitis, simulate closely the symptomatology of urinary lithiasis and are difficult of differentiation in the absence of laboratory facilities. Prostatic lithiasis may cause all the symptoms attributed to a supposed vesical lithiasis. Occasionally the symptoms are referred exclusively to the gastrointestinal canal with nausea and vomiting and no renal colic. The pain may be referred to the opposite kidney which may lead to tragic error or the symptoms may center in the bladder only.

The bedside physician has at his disposal the following methods for diagnosis: A careful history, including former attacks, if any, and the question of former residences. Careful surface and deep palpation and palpation bimanually through the rectum for bladder and prostatic calculi. Bimanual palpation through the vagina may reveal stones along the lower portion of the ureter and allow one an occasion to manipulate a calculus into the bladder. A Thompson stone searcher might be used. Urinalysis, including microscopic study of centrifuged sediment, both wet and stained, a total phenol-sulphon-phthalein test, and a chemical examination should be done.

In obscure cases, x-ray and laboratory examinations, including cystoscopic study of pyelograms, ureterograms and cystograms, should be done, then the opaque fluid should be drained from the catheter and stereoscopic and plain films taken, because a stone not dense enough to show by ordinary methods may become apparent when coated with an opaque fluid. Films of the prostate also should be taken. By these methods it can be determined whether treatment is to be palliative, manipulative or surgical. Diet and medication have no influence in preventing stone formation. Dilatation of the ureter up to twelve or fourteen French with Walther's bulb ureteral bougies and correction of malformations and obstructions where possible offer the best solution to the problem of recurrence.

Nephrectomy should be performed only in extreme cases, as the percentage of calculus formation in the remaining kidney is quite high.

Floyd F. Hatch, M. D. (Salt Lake City, Utah)—A stone in the urinary tract is a dangerous antagonist. It should be diagnosed early and dealt with promptly and skillfully.

Small "silent" renal calculi with trivial symptoms are often justifiably undisturbed for extensive periods, meanwhile keeping the patient under scientific observation. Gravel not infrequently passes the length of the ureter and is eliminated from the bladder without serious consequence except for the distressing subjective symptoms of the pain of ureter colic. But the larger concretions with rather localizing symptoms usually menace health and proceed to do violent and often irreparable damage when their demands for attention pass unheeded.

Diagnosis is based on a very accurately taken history, general physical examination and complete urinalysis, including microscopic study of the sediment. With characteristic kidney, bladder or ureter pain, positive urinary findings demand further intensive study of the urinary tract, while negative urinary findings seldom occur following painful attacks due to urinary lithiasis and when present tend to divert our diagnostic search to other possibilities. Good radiologic aid is now available for nearly all doctors, and should be the next step followed. Positive diagnostic information of great value is

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frequently obtained; yet, negative radiologic reports give due service in laying an accurate foundation for a correct diagnosis.

The old method of passing a small sound or "stone searcher" into the bladder in cases of suspected bladder stone is often of positive value and should be a routine procedure. Because of large rectal masses of fecal material, I have seen many large stones in the bladder overlooked in reading radiographs that were later positively diagnosed with a metal sound.

Beyond the procedures enumerated, when the diagnosis remains incomplete or obscure, it is wise to enlist the aid of one specially trained in the more intricate urologic problems and procedures, that the patient whose rights are paramount, shall not suffer delay in obtaining a proper diagnosis and effective treatment.

Warren Shepherd, M. D. (Templeton Building, Salt Lake City, Utah)—Calculi are agglomerations of crystals held together by a cement substance. The crystals are formed of salts normally found in the urine. Precipitation of these crystals in the urine occurs no doubt as a result of their presence in excessive quantities, or as a result of chemical changes, or possibly due to bacterial action.

In sections where "hard water" is drunk, the percentage of urinary calculi is high. This was noted many years ago in the "stone counties" of England. Several years ago I heard Ochsner say that in postoperative cases of urinary calculi he always advised the patient to drink distilled water and had never seen a recurrence as long as the patient drank only distilled water, but when the patient again drank hard water concretions began to form. Sudden change in urinary reaction will doubtless precipitate masses of crystals. What part bacteria play in this process is a subject for further investigation. The eating of highly concentrated foods without an abundance of water may cause excessive quantities of crystals in the urine. Also strenuous physical exertion with scanty intake of fluid causes excessive crystalline formation in the urine.

In the absence of more definite knowledge, common sense tells one to keep the urine from becoming over-saturated by watching color and specific gravity and to keep it slightly acid because this is the normal condition. It is well to bear in mind that much can be done to maintain a bacteria-free urine.

Homer E. Rich, M. D. (Vernal, Utah)—The chief reliance of the country practitioner must be upon "common sense," and thus, too often, his clinically diagnosed stone turns out to be ureteral stricture, discovered after he has referred his patient to a specialist. The country doctor learns from his experience to separate other lesions from the urinary tract and after a few hypodermics have not been followed by disappearance of the symptoms, he gets the patient to one who has the training and the equipment to make a proper diagnosis. The emergency cases he can't transport he has to take care of as best he can, often with no trained help to assist him. I am speaking now from the experiences of a country doctor, who is associated with three others in a united effort to give the best service that they can give, 120 miles inland off any railroad, where high mountains make his community an island in the winter with no easy way out to consult specialists of any branch of medicine. How many surgeons nowadays can say they have opened an abdomen to let pus out from a ruptured appendix, under a pine tree up in the mountains with no one who ever saw an operation before, with no one to give an anesthetic or to render any other assistance, and to transport his patient as soon as possible to civilization! To take care of about 10,000 people without trained nurses or hospitals is a job. Four of us have got to use lots of "common sense" and some skill at the bedside. We have x-ray and clinical laboratories in our ten-room clinic in town and use an army stretcher across the back seat of a car to transport all possible patients in for better diagnosis. However, a lot of bedside advice, diagnosis and care have to be given to patients with "urinary lithiasis" away from contact with modern equipment. To differentiate a Dietl's crisis from a stone and invert the patient for proper support of the loose kidney, requires more common sense. In fact, I believe I may have jolted back into the kidney pelvis some stones that had tried to descend. I have known men and women to carry large bladder stones for years and stand the recurring attacks of cystitis and pyelitis without much complaint. Remote as we are—where so few are free from severe pyorrhea and where the purest of water is hard, one wonders what plays the biggest roles in the production of stones, the focal infection or the concentration. We see no pyorrhea or other focus of infection in animals, but we find a lot of kidney and bladder stones in the killed sheep, hogs and cattle.

To sum up, I would say:

1. That modern means to make a proper diagnosis can be utilized by the country doctor, often only under great difficulties.

2. That proper technique cannot be perfected without experience, and patients should be referred to the specialist wherever possible.

3. That the specialists to whom we have referred patients have been fair and square with us, for our patients have been sent home as soon as possible for the follow-up work, and generally return to us with a better feeling for the country doctor working under his obvious handicaps.

4. Better equipment and modern hospitals are needed in remote localities where it is difficult or impossible to transport patients to places where they exist. The doctor cannot buy the needed equipment and expect his patients, who only pay a minimum fee, to pay for it. More especially, trained men will remain in the country or go to it, if the people realize they have got to put expensive diag-

* **Homer E. Rich** (Vernal, Utah). M. D. University of Illinois, 1910. Graduate study: Intern Michael Reese Hospital, Chicago, 1910-11. Graduate work Chicago, three months, 1924. Practice: Medicine and Surgery. Previous service: Medical Corps United States Army, France, 1917-19. Regular army. Hospital connections: Chief of Staff, Vernal Hospital (under construction). Scientific organizations: Uintah County, Utah State, and American Medical Association. Appointments: Vice-President Utah State Medical Association. Other facts: Associated with three other physicians, 120 miles off any railroad, high mountains surrounding; we have to do almost all our work with 10,000 people. Publications: "Co-operation or Competition with the Country Doctor" (Northwest Medicine, February, 1923).

nosis material in municipally owned hospitals for the doctor's use.

George P. Cooper, M. D. (Angels Camp, California)—Common sense consideration of this frequent pathological condition leads one to realize how little is positively known of the origin of concretions in the urinary tract. The formation of a calculus presupposes the presence of a nidus around or upon which the urinary salts form. Infection, ascending from the urethra or bladder, is probably a prime factor in the formation of the nidus upon which the calculus is formed.

The symptoms present on the passage of a ureteral stone are frequently the first warning which the patient and attending physician have of the probable presence of nephrolithiasis; and the retention in the bladder of a passed ureteral calculus can form the nidus of the large cystic stone or stones so frequently found.

The differential diagnosis, ably set forth in Player's discussion, requires not only "common sense," but often clairvoyant sense to avoid error.

Cystoscopy, pyelography, x-ray localization and laboratory technic are necessary aids to exact diagnosis and treatment, and their co-relation to the presence and localization of urinary lithiasis can be mastered only through application to multiplicity of cases.

To the specialist who devotes his time and diagnostic acumen to this modern branch of the science of medicine, should be referred suspicious cases of urinary lithiasis, as by so doing the physician engaged in unlimited practice will best serve the interest of his patient suffering from this all too common and serious affliction.

J. D. Edmundson, M. D. (Hicks Building, Orland, California)—The cause of lithiasis is—I don't know and I don't know anyone who does know. There are a great many guesses called hypotheses, which are little better than idle opinions; none of them has been proved.

We should be like Job who said: "It is enough for me to know that my Redeemer liveth." It is enough for me to be able to recognize a concretion in the ureter or bladder, which is reasonably easy if you use common sense—and don't begin to think about a hospital and about getting some one to tell you what is the trouble with your patient.

If you find the patient able to pass only a few drops of urine at short intervals, walking the floor and swearing like a drunken sailor, you know you have a stricture, enlarged prostate, or stone in bladder, which you can soon settle.

On the other hand, if you find him as white as a ghost, rolling like a mule with the colic, praying like a deacon, you know he is passing a cobblestone from kidney to bladder.

Give him H. M. C. at once to relax muscles that the stone may pass, doing as little damage as possible. Give arbutin for three days. Resort to the knife if necessary.

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* **George P. Cooper** (Angel's Camp, California). M. D. Cooper Medical College, 1906. Practice: General. Graduate study: St. Luke's Hospital, San Francisco, 1906-07. Hospital connections: St. Joseph's Hospital Staff, Stockton, California.

* **J. D. Edmundson** (Orland, California). M. D. Medical College, St. Louis, 1888.

CLINICAL NOTES, CASE REPORTS AND NEW INSTRUMENTS

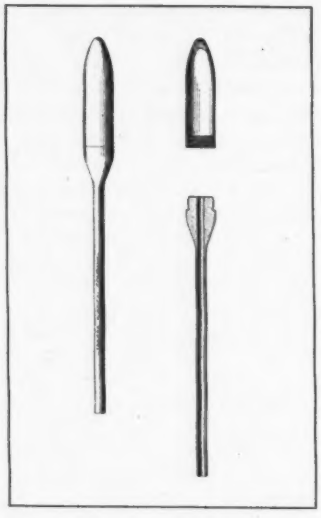
A NEW INSTRUMENT FOR RECTAL STRICTURE

By DUDLEY SMITH, *San Francisco*

In the Medical Record of March 4, 1922, E. Jay Clemons of Los Angeles describes a new method of treatment for rectal stricture by means of frigotherapy, with which he has reported extraordinary results. He says:

"Conceiving the idea that cold applied to organized rectal stricture would cause relaxation, the author improvised the following means of application:

"Carbon dioxide snow is obtained by the usual procedure of allowing the gas to escape from a tank into a pocket of chamois. A rubber finger-cot is filled with snow thus obtained. A thread is tied around the free end of the finger-cot placed over the projection of a retaining catheter in such a manner as to allow the escape of gas



from the melting snow through the catheter. The catheter is inserted into a piece of rubber tubing, the diameter of which is such as can be inserted into a proctoscope, with the filled finger-cot projecting.

"The application is made by inserting the proctoscope, withdrawing the obturator, and plunging the filled finger-cot into the strictured area. The proctoscope can then be removed, leaving the rubber tube with the catheter in place, thus providing a means for the gas to escape."

The instrument illustrated herewith was devised to render the application of Clemons' method less difficult and more effective. It is a hollow metal instrument shaped like the ordinary rectal dilator, with a metal tube attached to serve as a handle for inserting the instrument and for the escape of the carbon dioxide gas. The tube is attached by a thread to which vaseline is applied before screwing it up. The vaseline is congealed by the cold and makes a tight joint, so that no gas escapes into the rectum. The instrument is made in four sizes, ranging from one-half inch to seven-eighths inch in diameter. When ready to use, it is lubricated with liquid petrolatum and inserted into the stricture, a size being used which may be inserted without pain. The instrument should not be used as a dilator.

The advantages of this instrument are:

1. The snow can be tamped in firmly, allowing much

more to be used than in a finger-cot, and therefore much more rapid relaxation of the stricture.

2. The instrument is easily inserted into the stricture without the use of a proctoscope.

3. Larger sizes may be used as the stricture dilates.

❀

Edward J. Lamb, Santa Barbara, in a recent study of elementary and grammar school children of Santa Barbara for enlarged thyroid gland found that 13.2 per cent of the children between the ages of six and fifteen years have an enlargement of the thyroid gland to some degree above normal.

Dr. Lamb's findings, from an examination of 2783 children, are seen in the following table:

Age	6	7	8	9	10	11	12	13	14	15	Total	Girls	Boys
Moderate	6	27	29	55	57	28	20	13	2	4	241	180	61
Average	1	7	9	22	19	19	13	5	1	2	98	85	13
Large		5	4	6	6	4	1	1	1		28	26	2
											367	291	76

Of the 13.2 per cent children having enlarged thyroid, 79.2 per cent were girls and 20.7 per cent were boys. An analysis of the city water has shown it to be almost iodine free. The supply of water is not well water, but surface water. The above survey is the first goiter survey to be made on school children of California and may be of comparative value to other investigators.

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* **Edward James Lamb** (1728 State Street, Santa Barbara). M. D. Tufts Medical College, 1922; S. B. Tufts College. Graduate study: Peter Bent Brigham, 1922, Boston; St. Francis Hospital, Hartford, Conn., 1922-23; Los Angeles Children's Hospital, 1923-24. Practice limited to Pediatrics since 1924. Hospital connections: Pediatrician, Cottage and St. Francis hospitals, Santa Barbara. Previous honors and services: Resident physician Children's Hospital, Los Angeles. Scientific organizations: Santa Barbara Medical County Society, California Medical Association, American Medical Association, and Southwestern Pediatric Society. Appointments: Santa Barbara Public School Physician.

Classification of low-back pain for purposes of diagnosis:

- **Long-standing cases**
  - Gynecologic
  - Genito-urinary
  - Medical
    - Constipation
    - Nervous, neurotic, or hysterical
    - Spinal inefficiency
  - Static
    - Weak feet
    - Bad posture
    - Scoliosis
    - Chronic strain
    - Large abdomen
    - Occupational strain (surgeons and dentists)
  - Conditions shown by roentgen-ray
    - Osteoarthritis
    - Abnormalities of bone
- **Acute or subacute cases without trauma**
  - Associated with fevers
  - Myalgia
  - Toxemias
  - Diseases
    - Osteomyelitis
    - Infectious arthritis
    - Gonorrhea
    - Typhoid fever
    - Tuberculosis
    - Syphilis
    - Neoplasms
  - Cord tumors
- **Trauma cases**
  - Roentgen-ray examination, positive
    - Fracture
    - Dislocation
    - Kummel's disease
  - Roentgen-ray examination, negative —strain or sprain
    - Lumbar
    - Lumbosacral
    - Sacro-iliac

—John M. Barry, Archives of Surgery (11:6: December, 1925).

EDITORIALS

WHAT IS PUBLIC HEALTH?

Is it the practice of medicine among individuals and families by a flock of government bureaus or is it the legalized conduct of matters of health promotion and protection that affect society as a whole, leaving to personal health physicians the responsibility of looking after individual and family health?

If infant mortality is too high, shall the public health officer spot the landscape with tax-supported "clinics" for the diagnosis and treatment of children or should his efforts be concentrated on the control of milk supplies, housing conditions, and other general health functions and leave the care—including diagnosis and treatment—of individual children to the family doctor?

Because people are digging their graves with their teeth by hundreds of thousands, shall our government scatter tax supported "health centers" like gas and oil service stations over the landscape to diagnose and prescribe for individuals or should they limit their efforts to health education, control of pure food and drink, and similar public services?

Because many prospective mothers are stupid or careless of themselves and their offspring, shall public health officers supply them with a stereotyped correspondence course of medical advice (treatment) and spend huge sums of money to collect them in crowds to be lectured to, examined and prescribed for, or should they use their efforts to induce these patients to consult some private physician or the personal health service provided by the county for the poor?

In our ability to sanely solve these and scores of similar questions lies the hope of the health betterment of our people. It would indeed require a seer to predict the outcome. It is stupid to ignore the existence of a chasm—growing wider and deeper—between some militant groups of public health officers who are out to governmentalize the practice of medicine and personal health doctors who retain the conviction that the individual should continue to have the right to select his personal and family health counselor, his marital mate, and a dog if he wants one.

CALIFORNIA AND WESTERN MEDICINE frequently has called attention to various angles of this controversy. Last year we published a resolution of a county medical society condemning unnecessary interference in the practice of personal health medicine by a newly appointed public health officer. An annual "conference" of legal and political officers of municipalities, including some public health officers, condemned one of our editorials which had been approved by the council of the California Medical Association. This "condemnation" brought a reaction that surprised some of these politicians, very few of whom were licensed to practice medicine or even any of the several forms of cultism legalized by generous California law.

Some duly appointed health officers are reported

to be active opponents of vaccination and many of them are ignorant of even the most elementary principles of health and disease. Is it any wonder that efforts to require them to secure licenses to practice meets with political opposition? Letters of the tenor of one published in this issue (page 820) form an interesting part of our mail. They come from many places and from people in all walks of life and are a reflection of the widespread and growing opposition toward paternalism and bureaucracy in all forms of human activity, including those pertaining to health. Some official public health "officers," who a few years ago were militant in attempts to so scramble public and personal health service, that those who serve individuals and families would be forced to become agents of public health dictators or change their occupations, have seen the clouds, have shortened sail and have headed for safe harbors. Other Mussolinis of health who got started late in the race are still heading with full sail into the approaching storm.

Too many public health "officers" seem to think that a few weeks or months of "intensive training" in some school of public health, a salaried political job gives them a diagnostic acumen and therapeutic skill entirely above the comprehension of the educated family doctor.

Public versus Personal Health: Both public and personal health services being essential, what points of contact do we need? Public health deals, or should deal, with masses and is the function of public health doctors; personal health deals with individuals and the family and is the function of the personal health doctor. Economic insolvency of the individual should not constitute an exception to this definition. Public health service should be precisely the same for rich and poor, and in no instance should become personal except as necessary to protect the public. Personal health service should be left to personal health doctors who are of our population in the ratio of one to 500. The only distinction between personal service for the poor and the well-to-do is, that for the insolvent the service should be paid for by the municipalities, counties or states. This may be done by compensating the personal health doctor of the patient's choice upon a fee basis or less satisfactorily by supplying the poor with salaried personal health doctors. If every personal health doctor were a sworn officer of the public health just as every attorney is an officer of the courts it would substitute a definite, official and effective articulation between the personal health doctor and the public health doctor.

If the oath of public health office were administered by the Board of Medical Examiners in connection with granting licenses to practice medicine, and if violation of the duties inherent in this obligation were included in medical practice acts as an additional reason for discipline or revocation of license, much improvement in human welfare could be foreseen with advantages to both public health and personal health doctors and to the people. We are, of course, aware of the fact that this is not a new idea; that certain features of the suggestion have been long in practice in certain countries; that it has been "talked around" in our country and that certain of its features are covered in existing laws. Personal health physicians, for example, are required to report certain classes of infections to the public health authorities but such reports are more abstract, less fraternal and therefore less serviceable than they would be as between colleagues and fellow officials of a common service. Punishments for failure to report reportable infections upon those rare instances in which they are inflicted are now a result of court action. Under the suggestion made, derelictions of duty would be first considered by the medical licensing authority precisely as are other failures of physicians to live up to their responsibilities. Of course the inherent right of appeal to the courts would in no way be invalidated.

Are Public Health Authorities Practicing Medicine? Many of them are and some are not. Some who formerly were engaged in active competition with personal health physicians in practice among both well-to-do and the poor, have publicly announced their withdrawal from the field of individual and family practice. Others limit their private practice to the poor. Many only carry their individual practice to the point of diagnosis. Large numbers of them, often with the support of non-medical civic bodies, make diagnosis and only carry treatment to the point of giving advice and prescribing diet, living habits and most everything else that family doctors do, except giving medicine and operating. Many of these services are rendered by people who are neither educated nor licensed to assume such grave responsibilities. In several great congested centers of population people are so used to being guided by the crack of the paternalistic whip, the monopolistic whistle or the political calliope, that the additional yoke of socialized medicine disturbs them but slightly, even when dished out through clinics and health centers largely controlled and frequently served by paid agents without any or only a modicum of knowledge of the uses and dangers of the methods they are using or of the bodies and minds they use them on. The situation as it stands is an intolerable one and one would be wise indeed who could predict the future.

In California where more people have more "free" (supported by compulsory and voluntary taxation) assistance of more varieties from more sources than any other, and where even nature is lavish with her blessings, we hold, for example, the world's record for smallpox, and its hotbeds are in cities studded with "free" clinics and "free" health service stations of a bewildering variety, where a paid personnel are pleading with the rich and poor to come in and be protected or cured. It would be interesting to know what the youth of today are going to do about health when they come into their own.

DRUG ADDICTS AND DRUG ADDICTION

Duties and Responsibilities of State and Local Government

(*Continued from page 662, May issue*)

I

In the first of this series of three articles a distinction was made between the drug addict as a patient and narcotic abuses as a problem. Addicts, it was shown, are found chiefly among those often designated as problem citizens, a fact that indicates the intelligent course for

preventive and curative methods. Except in one comparatively small group, drug addiction is but one—often the least important—of the multiple infirmities of the victims, and it was postulated that treatment, to offer any hope of permanent cure, must be *of the patient* for *all* of his infirmities that may be found by a thorough examination by an educated physician. Similar correctives widely applied to the larger groups of problem citizens who are potential addicts are also basic in preventive efforts.

It was shown, and is here reiterated, that while drug addiction is quite as much an individual health problem as, for example, smallpox, the broader question of narcotic control is a problem of society as a whole; as much so as is crime, juvenile delinquency, the protection of persons and property and similar problems, all of which have their tap roots in the same social quagmires.

Viewed in this light, drug addiction is serious enough, important enough, complicated enough, in every state and political unit, to occupy the spare time and spare funds of worth-while citizens. If we will only concentrate upon an intelligently conceived plan and attack simultaneously upon all important fronts, maintaining healthy contact with the campaign in other states and with national efforts, all of our forces will be so effectively engaged that we may convert a growing evil into a declining one. We will be successful precisely as all of our forces, official and voluntary, legislative, law-enforcing, administrative and advisory, work in concord.

Any promising plan to help addicts must recognize: (1) *That* there will be addicts as long as human frailties are what they are; (2) *That* habit-forming drugs are the most valuable, and for certain conditions the only drugs known to science for the relief of suffering and the treatment of disease; (3) *That* legal and other restrictions of honorable, adequately qualified doctors should be elastic enough to permit them to render intelligent service without the ever-present fear of violating some superlatively stupid law or regulation designed and enforced as a highly profitable revenue measure; (4) *That* license to practice medicine and use, not only habit-forming, but other dangerous substances, should be based upon education and character, and should be far more rigid than it is; (5) *That* control over doctors, including the power of discipline, should be vested in competent state authority qualified in medical and health welfare and not tax-collecting bureaus; (6) *That* from health, as well as administrative points of view, the nearest practicable approach to "standardization" of addicts is to group them as those (a) *who* are otherwise reasonably healthy—physically, mentally, socially; (b) *who* are otherwise infirm or defective, of correctable conditions; (c) *who* are otherwise incurably infirm or defective; (d) *who* are criminal, degenerate, or dangerous.

Obviously individuals in each group vary so widely as to require personal medical care, but the grouping helps administratively. Obviously also the group location, as well as effective personal assistance, of every addict depends primarily on an accurate and complete diagnosis and prognosis arrived at by thorough medical study.

II

Addicts who are otherwise reasonably healthy (physically, mentally, socially) are in the first instance medical problems. No one knows how many of them there are, but many of them are successfully treated and cured by physicians acting in their usual, confidential, personal service capacities. There is no reason for government or any other agency to interfere in this phase of drug addiction, except when the patient for one reason or another passes into one of the other groups or when the physician proves unfaithful to his trust. It is the duty of the state to safeguard patients and the public against the frailties or criminal propensities of such physicians. Such safety devices should be provided and enforced by the Physicians' Licensing Board as a health-conserving measure rather than by tax collectors for purposes of revenue.

Professional secrecy and intelligent, personal, sympathetic service is as helpful in the successful management of this class of patients as it is in those suffering from illnesses due to illicit sexual relations. Those who are unable to bear the costs of personal service should have it under competent care, provided by the county or state. The usual attempt to brand these patients as drug addicts, by law and regulations, or make the honest doctor who treats them a law violator is an asinine blunder that only a government could be guilty of and survive.

Addicts who are otherwise ill or defective, of correctible conditions, are also pre-eminently medical problems; more difficult and more expensive to cure than are those of the preceding group, to be sure, because the cure of their addiction depends primarily upon a simultaneous cure of their other infirmities and defects. The unusual time and consequently increased costs of correcting multiple defects breaks down the financial solvency of many and thereby transfers the problem from the family doctor to the health machinery of the state or county. Evidence seems conclusive that most counties and some states are not prepared to render the quality of service many of these patients—or others for that matter—must have if they are to be restored to society as useful citizens, and without which many of them drift into the class of incurables and become a permanent liability of the state. We are therefore confronted with the responsibility of markedly improving the existing health agencies of counties and states or of creating new ones. Until new ideas of civic responsibilities and methods of discharging them have been widely inculcated, there is no promise that new health institutions would be any more intelligently efficient than are existing ones. These for the most part are appalling, and they will not be materially improved, particularly in many counties, until public interest has been aroused and sustained.

However, regardless of the quality of the service society is prepared to render these unfortunates during the active stage of medical treatment, an additional service for convalescents is necessary. The period between removal of defects and the causes of illness and complete ability to again take up life's burdens—convalescence—is a trying one to all patients and a particularly delicate one for those familiar with the temporary comforting possibilities of certain drugs. Many varieties of institutions, homes, farms, camps, colonies, and what-not have been proposed to fill this distinct gap in our health conserving activities, and some are in operation. California, through the initiative of the legislative committee under the chairmanship of Senator Sanborn Young; the California Medical Association through its narcotic committee, of which Dr. Morton Gibbons is chairman; the Federated Women's Clubs through a special section under the chairmanship of Dr. Louise B. Deal; the Commonwealth Club through its section on public health; the Los Angeles Medical Association through its committee, of which Dr. William Duffield is chairman, and other organizations, is now engaged in an effort to make plans for a more effective campaign against this vice.

Addicts who are otherwise incurably infirm, defective or irresponsible because of physical, mental, or social ailments are a large, probably the largest, group of drug victims, and they are a difficult problem. This group is distinguished from those just considered chiefly by being more of a problem for social assistance than one for scientific medicine. The diagnosis, as for individuals of all other groups, may be made only by careful study by competent physicians, and a certain amount of intelligent and sympathetic medical care is required for each patient as long as he lives. For many of them the protracted use of a certain amount of narcotic drugs is indicated by scientific and humane considerations. But the chief problem—large because of expense—is one of humane care, which is supplied by private funds for the well-to-do and should be furnished by the state for all others. This care, in the first instance, is that which ought to be provided for precisely the same group of citizens who are not addicts. The tendency is to overlook the obvious fact that drug addiction is the least important of the troubles of these individuals; that "cure" of the addiction usually only adds to the difficulties of the patient's care; increases suffering; may convert a harmless patient into a dangerous one and often shortens life. These patients are more numerous than is generally appreciated. They are in all walks of life, and many of them extend their

useful lives by the sustaining and comforting help of narcotics wisely used.

Authority to decide when, how much, and to whom of these patients' narcotics may be given, should be taken out of the hands of tax-collecting bureaus, where it now largely rests, and put under public health or other competent medical authority. The ever-tightening cordon of rules and regulations with which tax collectors surround the doctor, and a large and important group of his patients, has become so stupidly obnoxious that no intelligent, honest physician, nor even a consultation of a score of them, can use his best judgment in employing remedies for certain patients which he believes they should have, without permission of a revenue agent, which may be secured by complying with red tape more suitable for the government of criminals than for members of a humanitarian profession. In "justification" for their official red tape and espionage by under-cover agents over doctors and patients, revenue agents point to the criminals they find among doctors and to the false diagnoses they discover among alleged sick and suffering patients. Such criminals do exist, and decent physicians, even more than others, want to see them caught and adequately punished, but they do not believe that the present methods of revenue bureaus are intelligently effective either in licensure or subsequent control of those they license. Important stupidities of present methods are shown in the licensing, by a revenue bureau, of "doctors" in California, for example, who never saw the inside of a good medical school; forcing suffering, solvent citizens to either have their infirmities written into government documents or resort to illegal methods of securing the remedies that their physicians—or even a group of physicians—believe best for them; requiring the decent physician to either become a party to the exposure of his patient's most personal affairs in government records, become a criminal himself, or connive at criminal methods of his patient in securing useful remedies.

The group of addicts who are criminal, degenerate, and otherwise dangerous to society is a large and increasing one. It is a problem comparable in all essentials of cause, cure, and effect with that of similar groups who are not addicts. The important service physicians can render in its management is to assist in arriving at a fair diagnosis for each victim and to supply such intelligent relief from suffering as may be indicated. Whether even these derelicts should be universally punished by the customary routine prohibition of narcotics, in addition to their prison discomforts, may be open to debate. Otherwise these unfortunates must be treated as prisoners, and for this purpose a jail that is good enough for similar individuals who are not addicts is good enough for the drug user. Some states are noted for their elegant prisons, where comforts and living conditions for inmates rival those of average citizens. In some counties of California the jails are finer, better kept, and the "guests" better served than are the county hospitals and their patients.

III

There is a real need for controlled convalescent service for one considerable group of addicts. Similar service is equally desirable for many other classes of defective and infirm citizens. Whether a state or county should concentrate these services in general institutions, camps, colonies, farms or what-not, or whether there should be a separate institution to meet such requirement, is a debatable question or at least a debated one. Certainly any change from present methods would be an improvement. We now have special "reconstruction," "vocational training," "rehabilitation," "convalescent," etc., institutions, camps, colonies, etc., for veterans of the World War, and other wars; the deaf, dumb and blind; the aged, crippled and defective; the mental aberrants; the tubercular; female prostitutes; convicts and other groups, still further divided into men, women, and children. Drug addicts undoubtedly are included in the population of all these institutions, and there are still other groups of problem citizens—potential addicts—awaiting public discovery.

It may be that more may be accomplished by making drug addiction one of the basic lines of division in grouping our problem citizens for the purpose of improved and economical assistance. At least the statement is noncontroversial, that society has a definite obligation to give every handicapped citizen, including drug addicts, ample opportunity and such assistance as needed to "come back"; for the hopelessly insolvent, reasonable comfort, and for the criminal and otherwise dangerous, safe confinement.

(*To be concluded in the July issue*)

No other medical writer within our knowledge discusses certain phases of health with quite the utter frankness of Dr. Etta Rout of England. Her writings about contraceptive and aborticeptive practices are familiar to many physicians and many others. Of her recent article (Medical Journal and Record, December 2, 1925), the Therapeutic Gazette says that she points out that the meanest man or woman has some appreciation of sexual pleasure, and prophylactics which lessen pleasure will never be popular, therefore will be of little use in preventing disease. For example, calomel ointment is unsuitable internally for women; it causes salivation and irritation. Greasy substances used beforehand are thoroughly disliked, as being messy and uncomfortable, reducing friction and destroying direct contact. She has tried out various kinds of suppositories for years, and found all of them unsatisfactory in different ways, usually because of stickiness or greasiness. For nearly two years she has been experimenting with different kinds of effervescing suppositories, and at last has attained success with a tablet which is being sent to Chicago as a prophylactic packet for women. Laboratory tests have shown that these prophylactic tablets will destroy the gonocci by contact in one minute; the weakest dilution of chinosol which kills the gonococci in one minute is one in four thousand, and the tablet gives approximately one to one thousand to one in two thousand, assuming an average amount of secretions. The tablet is stainless, odorless, tasteless, nonirritating, nongreasy, readily soluble in moisture but unaffected by heat. She is now satisfied something has been evolved which will be acceptable to ordinary men and women for use before connection, when it will protect both parties; and if used afterward only, it will help to protect women from infections in the genital passages. If it could be put on sale as frankly and simply as tooth paste or hair shampoo, fresh infections would certainly be largely reduced; and there is really no natural reason why prophylactics should not be sold as openly as toothbrushes. We have long since ceased to rely on dirt and disease as aids to sanctity; why then do some of us still wish to found sex morality on them?

In her study of social welfare clinics in Chicago she found that scarcely any of the men and none of the women had an adequate knowledge of prophylaxis, but they were all ready to listen to instruction and most of them anxious to acquire knowledge. One important feature was that the pimp brought in the prostitute he was running to see if she was free from disease, to learn how to keep her clean, and if found to be infected he arranged and paid for her continuous treatment. Thus the pimp has come to have a social value, as the medium through which medical supervision can be exercised where it is most needed. Women welfare workers are the most inexperienced as to the sex life of fair average collections of men and girls; and they almost entirely fail to realize the atom-sorting processes to which humanity responds, whereby some women inevitably become prostitutes, some free lovers, some conventional wives and mothers, some foster parents, some neuter workers, some perverts, and some apparently repeat in their adult life the embryonic race history of their ancestors from promiscuity to monogamy.

Rout asserts that the fundamental position is this, and till it is recognized no headway can be made: that the sexual possibilities of mankind are greater than the sexual requirements of permanent love and marriage. Therefore irregular intercourse is inevitable for imperfect humanity, and failure to make this irregular intercourse safe will result in making marriage the most dangerous of all our social institutions."

- *The* MONTH *with the* EDITOR -

Notes, reflections, comment upon medical and health news in both the scientific and public press, briefs of sorts from here, there and everywhere.

"I have weighed in a nice scrupulous balance whether it be better to serve men or be praised by them, and I prefer the former."

Thus Thomas Sydenham, the father of clinical medicine, answered his numerous detractors. Decision on this point every physician must make and upon that decision will rest the endurance of his name. The Immortal Sydenham upon being asked, by a young doctor, what to read to improve himself in medicine is said to have replied, "Read Don Quixote." Here we get another glimpse of the philosophy of one of the remarkable physicians of all time.

These and other gems are culled from a little fifty-page book on Thomas Sydenham, clinician, by Dr. David Reisman, recently published by Paul B. Hoeber, Inc.

Sydenham, Osler, and other physicians now among the Immortals, all caution against too narrow reading. Philosophy, logic, culture, intellectual poise, so essential to the useful physician in his daily contact with life awry, are not only secured but must be nourished by good reading, of which there is none better than the biographical briefs of a great physician. Risman's little monograph on Sydenham is one of these. A postcard to advertisers in this edition will secure your copy, and you can read it during an hour of recreation.

Physicians who are interested in their own welfare and in the cause of medical progress should read the editorial (Journal A. M. A., May 8, p. 1458) on "The Incubus of the Harrison Narcotic Act" and the proposals for "strengthening" it on page 1478 of the same issue—AND ACT.

Further information about this type of bureaucratic control of the practice of medicine by tax collectors is discussed editorially in the May, June, and July issues of CALIFORNIA AND WESTERN MEDICINE.

A large department store in San Francisco recently gave countenance, space, and helpful propaganda to a representative of an outstanding health cultist.

One member of the San Francisco County Medical Society, George W. Hartman, wrote the management of the store a simple, dignified, nonlibelous protest. The management promptly showed interest and asked for evidence, which was furnished by the Department of Investigation of the American Medical Association. Result, this store will be more careful in the future.

When a department store dispenses or promotes shoddy goods pertaining to health, intelligent clients are apt to question their methods in the selection of more material things.

A dignified protest from a few doctors interested in human welfare against any of the numerous shoddy and shady health matters department stores are ever going deeper into would have a very wholesome effect.

The controversy going on in the secular and semi-scientific press as to whether crime is a disease or pure cussedness and whether it is a result of heredity or a consequence of environment would be amusing were it not the froth that obscures the vision of tragedy. Every physician knows, of course, that crime is not a social entity any more than headache is a disease entity. From the point of view of causes, manifestations or consequences, crime, like headache, is a symptom of many things. Crime may be the symptom of a disease; it may be pure cussedness; its soil may be prepared by heredity; it may be a logical sequence of environment; it often has its roots in all of these, and frequently all of them are blameless.

We are considering crime today with about as much intelligence as the Greek physicians considered fever when they thought it was a disease and used artful arguments to show that all fevers were produced by one particular cause. A little more study of the evolution of medical knowledge and a little more reasoning from analogy and facts would eliminate over 90 per cent of the information (?) about crime now so extensively broadcasted. And even more to the point, it would lead to the avoidance of widespread and unbelievably stupid practices which are the vogue of the moment.

One hundred years ago Dr. Benjamin Rush, a signer of the Declaration of Independence, reported a case of rheumatism which he cured by removing a diseased tooth. — H. J. Jurgens, M. D., Quincy Medical Bulletin.

A great foundation had made a critical analysis of 17 plus thousand prescriptions collected haphazard from the files of prescription drug stores. They found that 10 per cent were for proprietary medicines, and about 50 per cent were so written as to call for the skill of an educated pharmacist to compound. The others called for simples or standard preparations from approved sources. This showing is better than many had thought it to be.

Books about sex continue to be produced with unabated fury. A few—very few— of them are worth reading; more are insipid, stupid; some are frankly intriguing and many are what some reviewers call bilge. Not being able to saturate decent people with homemade bilge, some publishers are putting out copies translated from other languages to meet the emotional demands of morons and unstable adolescents.

Every voter must register on or before July 31, 1926, or he will not be entitled to vote in the important forthcoming fall elections. Registrations previous to 1926 do not count. There must be a fresh registration this year on or before the date mentioned.

In view of the many important issues to be voted upon, physicians are urged to personally register and to acquaint their friends of these facts, asking them to use every means possible to get this message to all voters.

According to the League of Nations, infant births and deaths are both steadily decreasing throughout the civilized world. These facts apply in far countries—"backward countries"—as well as in those where medicine is practiced by government bureaus.

A post mortem is an audit of our work—the only audit we have on our own reasoning, diagnosing and treating of patients. Any doctor who does not want an autopsy is thought of with a slight suspicion of "Perhaps there is something that would better be never known." In the hospital world the number of autopsies is one criterion as to whether a hospital is good or bad. The best type of medical work is impossible without autopsies. —Queen's Hospital Bulletin.

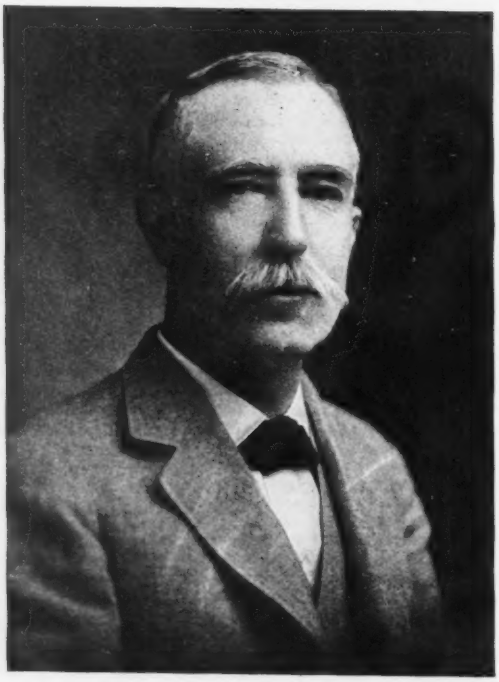
Sir William Read, who in the early seventeen hundreds was classed as an advertising quack, who was knighted in 1705 and later served as oculist to the queen,

died in 1715. *His widow continued his practice.* Thus we have a precedent for several "new" customs of our day.

"Schenectady has reorganized the city public health nursing service so that there are now six districts with a nurse in each caring for all aspects of health nursing. Heretofore each nurse has been assigned to a special branch of health work covering the entire city."

There never was any other intelligent course.

Probably three-quarters of all doctors today are general practitioners, that is, physicians whose aim it is to recognize disease, to deal with all the more common maladies by advice and treatment, and to know when to refer patients to specialists. The general practitioner is at present facing many difficulties. The specialist tends to monopolize prestige and to receive relatively much larger fees. Laboratory and hospital facilities which the modern doctor ought to have are expensive and often inaccessible.—Annual Report, Rockefeller Foundation.



JAMES H. PARKINSON

Report of the Chairman of the Council—Members and guests at the recent session of the California Medical Association missed the geniality and directing ability of Dr. James H. Parkinson, so long chairman of the Council, who was compelled to be absent on account of illness.

Doctor Parkinson's excellent and complete report as chairman of the Council made a favorable impression, and had a strong influence in directing the affairs of organized medicine, as has his conduct throughout his long years of service.

A slight appreciation of this devoted service and the regret of the Association at the absence of one of its leaders was expressed in a resolution of the House of Delegates, that the "secretary express to Doctor Parkinson our regret and sorrow for his inability to be with us, and that she accompany this expression of regret with flowers.

Eva C. Reid of San Francisco displayed unusual courage for this day and age when she stated at the recent convention of the California Federation of Women's Clubs that "what is needed to stop delinquency is the fear of certain punishment for wrongdoing. The sooner this is instilled in the minds of our children the better it will be for both the home and the state." Every now and then someone reiterates the fundamental importance of discipline in character building, and signs are not lacking that the days of the "shingle and the woodshed" may return.

Character is what a man *is*, not what reputation considers him. *Character is one's intrinsic value*, not his value in the market of public opinion. It is not learning; it is worth. "Character is greater than intellect. How many brilliant intellects about us are besmirched by faults and vices so gross that they have fallen from their high estate and now none so poor to do them reverence."—Rudolph Matas, New Orleans Medical and Surgical Journal, April, 1926.

Medical bootleggers seem to be learning a lesson from the other kind as to the ease and safety with which law may be disregarded. In the efforts of the Board of Medical Examiners to induce the San Francisco Telephone Company to carry only licensed physicians and surgeons in their classified list under this title, they have run across some remarkable opposition. One naturopath *insists* upon keeping his name in this classified list of physicians and surgeons, and insists, in spite of law and court decisions, that he has a right to keep it there and to practice surgery if he wants to.

He probably will.

California, Nevada, and Utah Doctors Publish Elsewhere:

(Note.—Members of the California, Nevada, and Utah Medical Associations are invited to supply the editor with reprints or marked copies of magazines containing their articles or very brief abstracts. All that we receive will be noted regularly in this space.—Editor.)

—Samuel A. Durr, M. D., San Diego, "The Operations for Glaucoma," Am. Journ. Ophth., March, 1926. In this article the better known operations for glaucoma are compared with reference to their relative value in different types of cases. The conclusions reached are based on a survey of the literature regarding the different procedures; they are as follows:

1. No one operation can be used in all cases.

2. Iridectomy is the operation of choice in acute glaucoma, together with preliminary posterior sclerotomy, or adrenalin, if needed. Trephining or iridotasis is permissible.

3. The Elliot trephine should be used in chronic noncongestive glaucoma; especially with contracted fields iridotasis may be done. Cyclodialysis may be tried first, reserving the trephine for resistant cases.

4. Iridectomy should be performed in glaucoma due to swelling of the lens.

5. Buphthalmus is best combated by trephining or repeated posterior sclerotomies.

6. Cyclodialysis should be used in glaucoma due to disease of the retinal vessels, and it may be done in patients who have chronic conjunctivitis.

7. Adrenalin is valuable in ophthalmoscopic examination as a therapeutic agent and as an aid to operation.

—P. K. Gilman, San Francisco, "Nitrous Oxid and Local Anesthesia in Abdominal Surgery," Am. Journ. Surg., January, 1926.

—Hazel E. Field, University of California, Publications in Physiology, the immediate effects of tobacco smoke on the activity of rats, in a preliminary experiment concludes:

"Experiments show that the immediate after-effect of smoking on the spontaneous activity of rats is a marked stimulation with the dosages and the type of tobacco so far used."

—E. B. Towne, M. D., San Francisco, "Roentgen-Ray

Treatment of Pituitary Tumors," Arch. Neurol. and Psychiat., January, 1926; "Invasion of the Intracranial Venous Sinuses by Meningioma (Dural Endothelioma)," Ann. Surg., March, 1926.

—**A. J. Scott, Jr., M. D.,** and **A. H. Zeiler, M. D.,** Los Angeles, "Congenital Cardiac Hypertrophy, Case Report," Am. Journ. Dis. Child, January, 1926.

—**William Everett Musgrave, M. D.,** San Francisco, "Using Discretion While Bestowing Relief," Mod. Hosp., May, 1926.

—**W. H. Manwaring, M. D., Ralph W. Wright,** and **Phil W. Shumaker,** San Francisco, "The Relation of Anaphylaxis to Immunity," studied by passive sensitization in dogs, Journ. A. M. A., April 24, 1926.

The physician who is a specialist in infant feeding and who also promotes birth control carries the tradition that physicians constantly attempt to eliminate the need for their services too far.

Sweeping assertions that curative medicine will give way entirely to preventive measures and that the private practitioner will gradually yield his place to the salaried officer of health are both unfounded and harmful.—The Nation's Health, April, 1926.

Plastic Doctor Removes Grin from San Francisco Man, say display newspaper headlines. Why all this excitement about a common operation?

According to official figures smallpox continues to be a popular, stupid, filthy method of committing suicide in California. The practice among adults is likely to do much toward elevating the intelligence of future generations. The pity of it all is that the stupid adult fools who invite this disaster throw their dirty garbage on poor innocent children and incompetents.

"PHYSICIANS JOBLESS: STORK FAILS TO FLY"—Under headlines like these newspapers note that the falling birth rate in Germany is forcing obstetricians, and even midwives, into the "Dole Line."

The stork is still a healthy, active bird in Germany, but birth controllers are stealing her eggs before they hatch.

Periodic health examinations, as properly conducted on the basis of close personal relationship between the examiner and the examinee, are nothing more than an honest, conscientious practice of medicine by an individual upon an individual, and both co-operating to the end that the best health of the patient may be maintained.—Ohio State Medical Journal, May, 1926.

Are we destined to see the phrase "as inaccurate as the listings in the classified sections of telephone directories" come into general use? The Board of Medical Examiners deserve commendation for their efforts to induce the telephone companies to make such listings a little more accurate than they have been. The task, for some unexplained reason, seems to be a difficult one.

Careful estimates would indicate that properly qualified general practitioners of medicine, aided by moderate home laboratory facilities, will be able to make a correct diagnosis and give all necessary instruction and treatment to at least 80 per cent of all the people who seek his aid, while 20 per cent of specialists, including internists and general surgeons, all thoroughly educated and trained, will be ample in number to care for the sick who need highly specialized service. Furthermore, the same proportion will to a large extent hold true of those who require hospital and special laboratory service.—Wendell C. Phillips, Journal A. M. A.

THE DOCTOR AND THE CHANGING ORDER

George E. Vincent, President of the Rockefeller Foundation, discussing this subject before the New York Academy of Medicine, November 19, 1925, said in part:

"Individualists have been described as people who cannot see the woods for the trees, and collectivists as folk for whom the forest obscures the single oaks, hemlocks, and beeches. The former think of life in terms of personal aims, rights and duties; the latter seem to regard community or nation or mankind as great organic entities of which men and women are hardly more than constituent elements, cells in a social body. The individualist naturally believes in freedom of the will; the collectivist tends toward determinism. Each theory pushed to an extreme deals with an abstraction: on the one hand an isolated person, on the other an impersonal unity. Both views have value; they are ways of approach to the bewildering complexity of life; they help one to analyze and simplify.

"Doctors may be looked at usefully either as individuals living their own personal lives, increasing their knowledge and power, demanding their rights, protecting their privileges, helping their fellows, or they may be regarded as servants of society, controlled, subordinated, even exploited for the common welfare. For obvious reasons doctors have been individualists. Until recently there has been no question of their being anything but independent and self-sufficient. Their services have been intimately personal. To them the world is quite obviously peopled by separate persons; no wonder the doctors see the trees instead of the forest.

"So long as society led the simple life of the countryside, village, and small town with diversified agriculture, cottage industries, local markets, slow transport, and leisurely spread of news; and so long as each doctor knew almost all there was to know of medicine and its arts, the relations of physicians to their communities presented few problems. Like the lawyer, merchant and school teacher, the doctor was an individualist, a self-sufficient, independent unit in close and neighborly contact with his patients.

"But society no sooner settles down to a routine of custom and habit than something happens. A conqueror invades the land, or more disturbing still, someone has a new upheaving idea which cannot be suppressed. Then the game of adjustment begins all over again. In prosperous, pioneer lands, this is called progress; in older disillusioned societies people are not sure that it is anything more than change. But whether it be headed straight for a millenium, or started on a slowly recurring spiral, or only doing another lap on a vicious circle, it disturbs the peace, raises problems and, worst of all, compels a few people to think, or at least to 'rearrange their prejudices.'

"Although the sick benefits of lodges, benevolent orders, labor unions, the voluntary health insurance schemes of Denmark and Norway and the compulsory systems of Germany and Great Britain cover very large groups of people, the medical service is rendered by contract or panel doctors, the vast majority of whom are general practitioners working in their own offices. There is little or nothing in the form of clinics. The medical care is probably, on the whole, inadequate and certainly unorganized. Commercial insurance companies which issue policies against sickness do not, for obvious reasons, offer organized medical service to their patrons. These persons resort to practitioners of their own choosing.

"It looks as if society means to insist upon a more efficient organization of medical service for all groups of people, upon distribution of the costs of sickness over large numbers of families and individuals, and upon making prevention of disease a controlling purpose. Just how these ends will be gained, only a very wise or very foolish man would venture to predict. One thing seems fairly certain: In the end society will have its way."

And if he, or anyone about whom he cares, does wrong, he ought of his own accord to go where he will immediately be punished; he will run to the judge, as he would to the physician, in order that the disease of injustice may not be rendered chronic and become the incurable cancer of the soul.—Plato.

MEDICAL ECONOMICS AND PUBLIC HEALTH

The 1926 Hospital Number Journal A. M. A. contains the report of the Council of Medical Education and Hospitals which constitutes the most exhaustive and useful report of the hospitals of the United States ever issued.

The report is very much condensed, and much information of fundamental importance is contained in tabulated reports.

There are 6896 hospitals worthy of mention in the United States of all classes that are considered with 802,065 beds and 34,511 bassinets, constantly caring for an average of 629,362 patients.

New York, with a population of 11,000,000 plus, has 630 hospitals with 120,092 beds. Pennsylvania, with a population of 9,000,000 plus, has 416 hospitals with 67,984 beds. Illinois, with a population of 7,000,000 minus, has 380 hospitals with 57,784 beds. California, with a population of 4,000,000 plus, has 490 hospitals with 49,502 beds. Utah, with a population of 492,000 plus, has 38 hospitals with 2305 beds. Nevada, with a population of 77,000 plus, has 25 hospitals with 955 beds.

California, although holding eighth place in population, is second in the number of hospitals and fourth in the number of hospital beds.

"The ratio of beds to population in New York is one to 96.9; Pennsylvania, 143.6; Illinois, 126.7; California, 84.9," and for the United States one bed to 141.5 population. California appears to be the most thoroughly hospitalized state, and it has a high percentage of good hospitals.

"Several hospitals that are reputed to be flagrantly unethical or to be harboring immoral or unqualified practitioners have been omitted from the list." Some of these, we regret to notice, are in California.

"THE PUBLIC SCHOOL PROTECTIVE LEAGUE"—This is from the letterhead of an organization that solicits funds for the purpose of opposing vaccination and other scientific medical policies. They designate vaccination in Los Angeles as "A Modern Inquisition."

The House of Delegates, A. M. A., passed the following significant resolutions:

WHEREAS, The strength of the medical profession in the field of legislation is lessened by lack of uniformity in policies and methods; and

WHEREAS, Such uniformity can be promoted and established only through co-operation among the several state associations whereby each will have the benefit of the knowledge and experience of all others; and

WHEREAS, Such co-operation can be best established through the Board of Trustees, acting through the Bureau of Legal Medicine and Legislation; be it

RESOLVED, That every state association be urged to co-operate to the fullest possible extent with the Board of Trustees in all matters of legislation, state and national; and be it further

RESOLVED, That the Board of Trustees be requested to extend to every state association all such assistance as may be possible in defining and carrying into effect its legislative policies, and in promoting uniformity in them.

Failing to secure their entrée into the hospitals and other established medical agencies of California, cultists of various sorts have found their opening in establishing clinics, health centers and such like of their own wherever they can get sufficient support. We may expect to see competing osteopathic, chiropractic, naturopathic, and scores of other varieties of near medical organizations established on opposite corners of the same street, like oil and gas service stations of different firms.

Like most uplifters, these cultists find their easiest victims among helpless children of our communities, and they now have "preschool" clinics. At a recent meeting during "National Child Welfare Week" an official of the State Board of Health in addressing an osteopathic meeting outlined the function of this preschool work, and stated that "when defects were found the children were referred back to their family physicians" (which is more than some of the other uplifters do), and continuing remarked "when I say 'medical profession' I am using it in the broad sense of one who is licensed by the State of California, for that is the way we use it now."

Who are "we"?

The title of the new Webb-Loomis Medical Practice Act should be changed to read: A bill to require standards for graduates in Medicine and to give special privileges to certain unqualified practitioners.—Boston M. and S. Journal, April 22, 1926.

"College of Fine Forces"—This is a new one, even for California. All we know about it so far is contained in the following extract from a letter from the Board of Medical Examiners to Hon. Frank Jordan, Secretary of State, Sacramento:

"We have before us a verbatim copy of a diploma issued by the 'College of Fine Forces,' dated January 3, 1900, under the name of Agnes B. Willcox, conferring upon her the 'Honorable Title of D. M. Doctor of Magnetics,' whereupon appears the seal and a statement 'Chartered under the Laws of California.'"

For some years now California has been held up to ridicule throughout the civilized world because any three persons can charter a university or any other alleged institution for higher learning and award any sort of a degree they please by paying a fee of a few dollars to the state for incorporation papers. California is rapidly becoming recognized as the home of fake educational institutions.

That the health of the people has survived under these conditions speaks volumes for what God did for California.

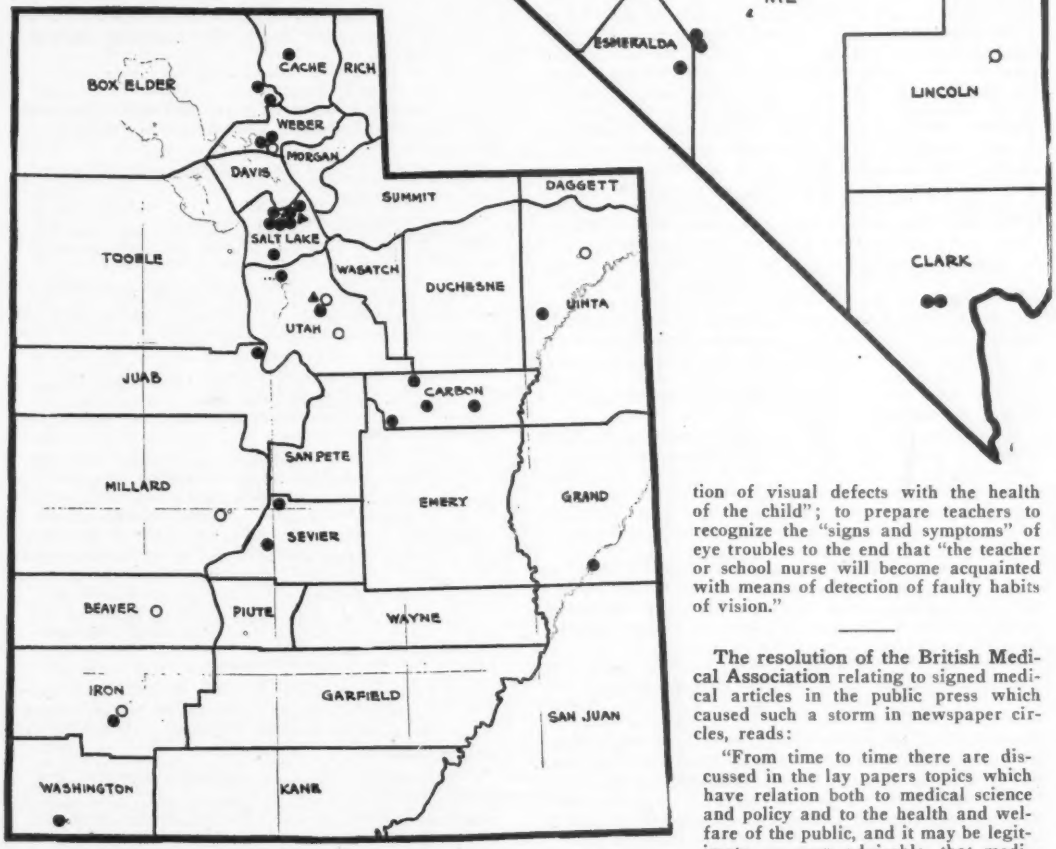
There may be others as versatile as Mr. Ford, but there are few who have the funds to popularize their theories and opinions on so many subjects.

While Mr. Ford's outstanding success in certain lines entitles his utterances upon subjects within the field of his successes to a certain amount of respect, it does not

necessarily follow that his opinions upon other matters are of great value. In fact, expensive tests have shown many of his theories to be unsound, and in none more conspicuously so than his venturings into the practice of medicine.

His hospital was conceived and put into operation along what the public were led to believe to be original lines. After sinking staggering sums in this experiment, his policies have had to undergo extensive revamping.

One of his latest expert medical opinions is being interpreted as an attack upon the value of milk as a food. "I don't believe in drinking milk for anybody over 8 years old," says Ford. Well, what of it? Ford is entitled to his beliefs, but of what use are they as interpretations of health values? None, of course, but whether or not the financial wizard so intended his statement, the consequences, this and others, of his alleged utterances will have a far reaching and pernicious influence upon millions of people who were beginning to feel confidence in the scientific value of milk as a food, particularly for children, as is an important factor in health education.



Men like Mr. Ford, whose every utterance is a front-page story, should use greater care than many of them do in discussing subjects about which they can have little knowledge.

Among the courses offered at the summer session of the University of California is one to be conducted in optometry by a professor from the East.

In this course it is proposed to "disclose the association of visual defects with the health of the child"; to prepare teachers to recognize the "signs and symptoms" of eye troubles to the end that "the teacher or school nurse will become acquainted with means of detection of faulty habits of vision."

The resolution of the British Medical Association relating to signed medical articles in the public press which caused such a storm in newspaper circles, reads:

"From time to time there are discussed in the lay papers topics which have relation both to medical science and policy and to the health and welfare of the public, and it may be legitimate, or even advisable, that medical practitioners who can speak with authority on the question at issue should contribute to such discussions. But practitioners who take this action ought to make it a condition of publication that laudatory editorial comments or headlines relating to the contributor's professional status or experience should not be permitted; that his address or photograph shall not be published and that there shall be no unnecessary display of his medical qualifications and

appointments. There is a special claim that practitioners of established position and authority shall observe these conditions, for their example must necessarily influence the action of their less recognized colleagues. Discussions in the lay press on disputed points of pathology or treatment should be avoided by practitioners; such issues find their appropriate opportunity in the professional societies and the medical journals."—Journal A. M. A.

A clear, conservative, dignified, statement of what every physician knows in his heart to be true.

The opticians of England recently attempted to secure legislation similar to that abolished for optometrists not long ago in California, by which the physician's rights to practice as an oculist would be greatly restricted unless he also secured the approval of a board of technicians.

In refusing the application, Mr. Austin Chamberlain, Minister of Health, made among others the interesting statement that "the bill as drafted would debar physicians from treating defects of vision." This was perhaps not an insuperable difficulty, but he doubted whether any amendment that would remove it would leave the bill in a form acceptable to the opticians. But the whole difficulty was that defect of vision might be due to simple errors of construction in the eye itself which can be corrected mechanically by glasses; to disease in the eye needing treatment apart from the provision of glasses; or diseases not localized in the eye but due to a pathological condition in the body. If a case was not rightly classified, very serious injury to the patient might ensue. He was also not satisfied that the optical board, proposed in the schedule to their bill, would secure the qualification only of persons competent to recognize disease, and he pointed out that eighteen of the twenty-five members of the proposed board were to be opticians. It was not possible to argue from conditions in one country to those in another. Conditions in the dominions were entirely different. There were vast territories with relatively small and widely scattered populations that could not all be served by physicians. He admitted that he had some sympathy with their claim that persons who had properly qualified themselves to treat errors of refraction not requiring medical attention should have a special label, and he would like to meet this point. *The difficulty out of which he could not see his way was how patients suffering from simple errors of refraction could be distinguished from those in whom defect of vision was due to some pathologic condition.*

No such distinction can be made by one with less than a medical education, and yet such alleged instruction is being given to technicians by the *department of physics* of our great state university, and teachers are being thus taught in summer session courses.

Sugarman Clinical Laboratory—By inadvertence an article in our last issue may have given to our readers the erroneous impression that Mr. Edward I. Sugarman, former member of Lippman & Sugarman Clinical Laboratory, had retired from business.

It was not our intention to convey such an impression. Mr. Sugarman has opened a fully equipped clinical laboratory in the Physicians Building at Sutter and Powell streets, San Francisco, where under certification from the State Board of Health, he is engaged in rendering laboratory service. In a card to the profession, Mr. Sugarman places at their disposal, anew, his twelve years of continuous and successful practical experience in this field, and promises accurate and prompt attention to all matters which may by the profession be referred to his care.

A market milk-scoring contest was conducted recently in San Francisco by the State Department of Agriculture. According to a report to the City Health Officer, samples of milk were taken from the wagons of every distributor, and a result of the bacteriological and chemical analysis of the samples, together with the bacterial and clinical analysis of those samples taken by the inspectors during the last four months, formed the basis for a rating of 96.4 per cent for the milk supply of the city. The previous score was 96.1 per cent. Every distributor had a rating in excess of 90 per cent. Twenty-four of the twenty-six distributors had a mark in excess of 92 per cent; the highest mark attained was 98 plus.

The basic Medical Practice Act now in force in Wisconsin defines disease as including "any pain, injury, deformity or physical or mental illness or departure from complete health and proper condition of the human body or any of its parts."—San Diego Bulletin.

One of a Doctor's Problems is the collection of his unpaid accounts. Beginning with the May issue, and continuing throughout the year, CALIFORNIA AND WESTERN MEDICINE carries in its advertising pages the announcement of the Roloff Mercantile Agency, who come to us well sponsored and highly recommended for this service. We will be glad to hear from readers at any time as to the effectiveness with which our new co-operators serve them.

Philip B. Matz, with the co-operation of a group of competent pathologists, has prepared a pamphlet dealing as far as feasible with standardized clinical laboratory procedures of the Wassermann test. The effort has been approved by E. O. Crossman, Medical Director of the United States Veterans' Bureau and issued as their bulletin number ten.

Here are some interesting extracts from discussions at the last annual session of the American Public Health Associations:

Francis E. Fronczak, M. D., Dr. Sc. P. H., opened the discussion by saying:

> "Health departments are justified to a very considerable degree in extending the so-called free service, and can do so without doing any material harm to anyone whose work is limited to the field of cure."

Is any physician's work "limited to the field of cure"? How any man entitled to write M. D. after his name can be guilty of publishing such balderdash is hard to comprehend.

> "A thorough examination should be made yearly of all persons, not only children but adults, and almost invariably some physical or mental defect will be found. This physical examination should be extended by health departments."

There you have it. Periodic examinations and consequently the most difficult phase of private practice—the diagnosis—should be made by a public health officer and then those needing treatment, which the doctor admits is practically all of them, may be handed over to the "cure" doctor. So this discussant adds the näive statement that such practice is calculated to cement closer co-operation between licensed doctors and public health officers.

> "There is every indication that the trend of the public health movement is even now toward the safeguarding of health through measures that may be applied directly to the individual."

There you have it again. There is no longer any doubt but that a militant group of public health officers are out to gain control of the practice of medicine by serving the individual directly.

> "The conclusion is quite generally accepted that health departments are justified in extending their services by advocating and instituting periodic health examinations for adults. In such service they aid, rather than encroach upon the field of cure."

Such a conclusion may be "generally accepted" among public health officers, but the vast majority of physicians believe it to be not in the interests of health progress.

After a lot more of the same type of logic (?), including a discussion as to whether or not the time was opportune for public health departments to begin charging small fees for their practice among individuals, we read a refreshing message:

"I take it that it is not the function of a govern-

mental department to compel an individual to take care of himself. It is its function to prevent one person from being imposed upon by another. On the one hand, we should not go into preventive medicine wherever the patient is able to go to his own physician, but we should go into preventive medicine and curative medicine for every person who is unable to pay, and we should give it free because it is a government service."

For more of this enlightening discussion, see American Journal Public Health, April, 1926, pp. 370-74.

One of the most valuable and interesting features of the Oakland meeting of the California Medical Association was the commercial exhibits of many of the advertisers in CALIFORNIA AND WESTERN MEDICINE. A more detailed story about these exhibits will be published in the July issue.

Benign and Curable Form of Hemorrhagic Nephritis—Fourteen cases of a benign focal type of hemorrhagic nephritis have been studied by George Baehr, New York. The disease occurs most commonly in young adults and is characterized by a hematuria, usually macroscopic, which may be painless. Unlike the common form of the acute diffuse disease, there are usually no constitutional symptoms. Neither edema nor hypertension develops at any time during the course. The hematuria may be persistent or recurrent in the form of brief attacks. In most instances a definite focus of chronic infection can be discovered, usually in the tonsil. The elimination of such a focus, for example, by tonsillectomy, frequently results in a temporary but pronounced increase in the hematuria, followed by gradual but complete disappearance of red blood-cells from the urine. Many of the cases are at first considered examples of hematuria due to surgical conditions in the genito-urinary tract. Some, Baehr thinks, have undoubtedly masqueraded in the past under the general term "essential hematuria." There are two types of the disease, the recurrent and the persistent, which differ from each other both in their mode of onset and in their course. Aside from the macroscopic hematuria, the urine otherwise presents few changes. Besides the hematuria, and in some patients slight lumbar pain, there are few conspicuous symptoms. Sore throat usually precedes the onset of the hematuria in the recurrent type of the disease, whereas in the more chronic persistent cases there may be little or no discomfort. Examination of the throat reveals in most instances chronically diseased tonsils, which may or may not be hypertrophied. On pressure, purulent material can usually be expressed from one or both tonsils. The blood pressure always remains normal. Edema has never occurred in any of the patients. Chemical examination of the blood has regularly revealed only normal findings. None of the patients have shown an appreciable anemia. The phenolsulphonphthalein, the indigo carmine, the Mosenthal and other renal function tests have all been normal. In the acute recurrent cases which have been preceded by a diffuse redness of pharynx and tonsils, streptococci may regularly be found in smears and cultures from the throat, but no work has yet been done to ascertain definitely whether they have any causative relation to the condition. Nor have the organisms been studied serologically in order to ascertain whether they fall into a common group. In the persistent types of the disease, smears and cultures from the purulent material expressed from the tonsils either before or after toisillectomy usually show the presence of an anhemolytic streptococcus. Eight of the author's cases have been studied by ureteral catheterization and renal function tests. The hematuria was found in all instances to be bilateral. The prognosis is excellent.

The patient of the future, in view of his perfected health education, may be expected to derive from it a wise judgment which will lead him to seek the continued advice and counsel of his personal physician. Furthermore, in view of our perfected system of individual and community health education, cults and other menaces to public health, all of which are founded on theories for the most part baseless and futile, will gradually disappear before the rising sun of enlightened public opinion.—Wendell C. Phillips, Journal A. M. A.

CALIFORNIA MEDICAL ASSOCIATION

W. T. McARTHUR, M. D.....President
PERCY T. PHILLIPS, M. D.....President-Elect
EMMA W. POPE, M. D., San Francisco.....
.....Secretary and Associate Editor for California

The action taken by the Council of the California Medical Association at its meeting at Long Beach held November 8, 1924, whereby three clinical prizes were established in the sums of $100, $75, and $50 was rescinded at the May, 1925, meeting at Yosemite and two prizes of $150 each were substituted, one for a paper on original research and one for a paper on a clinical subject.

The first chairman of the Clinical Prize Committee, Albion Walter Hewlett, by reason of serious illness was unable to take any action whatever. His successor, Walter C. Alvarez, together with the other members of the committee, Dudley Fulton of Los Angeles and Fred Fairchild of Woodland, formulated the rules governing the contest which were published in the December, 1925, issue of CALIFORNIA AND WESTERN MEDICINE.

The time remaining was too short for original research, and the number of such papers submitted was consequently limited. Upon Alvarez' resignation as chairman, due to his removal to Rochester, Dudley Fulton became chairman and Fairchild and George Dock of Pasadena the other members of the committee.

The final report of this committee presented at the 159th meeting of the Council awarded to Emil Bogen of Los Angeles the clinical prize of $150 for his essay entitled "Arachnidism, A Study of Spider Poisoning." No cash prize for original research was awarded. Of the papers submitted, that by Albert H. Rowe and Hobart Rogers entitled "A Study of Carbohydrate Tolerance in Normals and Nondiabetics" was awarded honorable mention.

The Council has ruled that this committee be continued and that similar prizes be awarded at the meeting in 1927. This information is furnished now that those who desire to compete may have the full year in which to gather together material for their essays.

MINUTES OF THE HOUSE OF DELEGATES, FIFTY-FIFTH ANNUAL SESSION OF THE CALIFORNIA MEDICAL ASSOCIATION.

FIRST SESSION

Held in the ballroom, Hotel Oakland, Oakland, California, Wednesday, April 28, 1926, at 8 p. m.

Call to Order—The meeting was called to order by the president, Edward N. Ewer of Oakland.

Roll Call—The secretary called the roll; seventy-five (75) delegates were seated, and the president declared a quorum present.

Report of the Council—The president spoke of the illness of Dr. James H. Parkinson of Sacramento, chairman of the Council, and stated that the report of the Council would be presented by Dr. Morton R. Gibbons of San Francisco, acting chairman of the Council. Doctor Gibbons thereupon submitted the following report:

Death of Doctor Edwards

The Council and the Association as a whole sustained a

most serious loss in the death of Doctor Edwards, which occurred at Salinas on December 27, 1925. The Doctor had been a member of the Association from 1903 and of the Council from 1904, serving continuously, including his year as president. As a member of the Council, he was a most active worker and faithful attendant. He was always independent in his opinions or decisions, having one rule and guide—the best interests of the Association. His death came quite suddenly while apparently in good health, one moment enjoying life with familiar friends, the next at rest eternally. Surely a just reward for one whose public and private life seems always to have been guided by the highest ideals. His place will be hard to fill for, while many seem willing to work, there are but few who, in season or out, are on hand when the roll is called.

Meetings

The Council has held two regular meetings during the year; the daily sessions during the annual meeting not included. Two open meetings were held in connection with Industrial Medicine, one in Los Angeles and one in San Francisco.

The executive committee has held eight meetings with an average attendance of seven out of nine.

Council Meetings from May, 1925, to April, 1926

Annual meeting, May 17, 18, 19, 20, 21, 1925—5 Sessions
Fall meeting, September 26, 1925.....2 Sessions
Spring Meeting, January 30, 1926.....2 Sessions

Nine sessions in all.

Office of the Society

There has been one change during the year in the office staff. The business of the Society has been satisfactorily transacted and, as far as the Council is aware, with the general approval of the membership.

It seems best to include in this report, and to present each year, certain tabulations which more graphically indicate conditions than is possible by any description. The following table shows the growth of the Society for the ten-year period—1916 to 1925, inclusive, as of December 31:

Year	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Membership	2602	2699	2534	2496	3136	3484	3666	3809	3945	4138

The Journal

CALIFORNIA AND WESTERN MEDICINE has been further improved during the year, and meets with favorable commendation at home and abroad. The difficulty of promptly and adequately handling the large number of excellent papers submitted for publication is still to be satisfactorily solved. The Council has made some recommendations that, if adopted, may be helpful in this direction. Doctor Musgrave, who takes a warm personal interest in the Journal, continues to serve without remuneration.

The following is a recapitulation of Journal conditions from 1919 to 1925, inclusive:

Year	Yearly Pages Reading	Yearly Pages Advertising	$2 C. M. A. Dues	Miscellaneous Receipts	Disbursements	Yearly Profit	Yearly Loss
1919	446	576		$11,011.99	$11,472.89	$	$ 460.90
1920	430	624		14,015.41	13,561.96	453.45	
1921	492	720		15,917.82	19,614.10		3,696.28
1922	468	768		18,202.91	21,877.21		3,674.30
1923	542	816		20,933.40	22,791.29		1,857.89
1924	720	816	$7,812	23,200.37	28,997.49	2,014.88	
1925	784	821	8,142	34,854.06	35,981.68	7,014.88	

Financial Condition of the Society

The financial condition of the Society is on a sound basis. The treasury shows a cash balance of $31,712.16 as of December 31, 1925. The books and accounts of the Society were audited by Mr. Hugh Ross, public accountant, and according to his report on file were found correct. All claims are audited by the auditing committee, the bills ok'd by that member of the staff responsible for them. The voucher is then approved by the secretary, signed by the auditing committee and countersigned by the chairman of the Council and the secretary.

Annual Assessment

The Council cannot go on record as in favor of a reduction in dues until the question of expenses is more definitely settled. The number of suits now on file is fifty-three with nine claims. This clamor for reduction of dues by small amounts is under any circumstances difficult to understand. There was a time when such a question and such amounts might be considered, but with expenditures nowadays, it hardly seems a fair contention. If the Journal could positively be made self-supporting and pay all its expenses in which should be included an editorial salary, it might seem reasonable, but with an unsalaried editor, unfinished medical defense, the plan or prospect of owning a central convention home for our State Medical Society, as well as the possibility of needing funds to have a new medical law passed through initiative vote of the citizens, this is not the time to quibble about $2 or $3. The Council, therefore, recommends that the dues for 1927 be set at $10.

The following is a recapitulation in condensed form of the finances of the Society from 1919 to 1925, inclusive, as of December 31, each year:

RECEIPTS

Year	Amt. Dues	No. of Members	Society Dues	Journal Earnings	Miscl. C. M. A.	Total Receipts
1919	$ 7	2496	$17,262.00	$11,011.99	$ 681.36	$28,955.35
1920	7	3136	21,782.25	14,015.41	909.29	36,706.95
1921	8	3484	24,104.50	15,917.82	1,006.57	41,028.89
1922	8	3666	29,000.50	18,202.91	795.26	47,998.67
1923	10	3809	37,594.00	20,933.40	1,421.69	59,949.09
1924	10	3945	39,158.00	23,200.37	875.86	63,234.73
1925	10	4138	32,562.50	34,854.06	790.64	76,349.70
1925	10	4138	40,705.00	34,854.06	790.64	76,349.70

DISBURSEMENTS

Year	C. M. A. General Expense	Journal	Legal	Total	Cash On hand Dec. 31
1919	$ 6,543.22	$11,472.89	$ 9,294.36	$27,310.47	$ 6,740.83
1920	8,531.68	13,561.96	9,784.23	31,877.87	11,469.91
1921	9,018.28	19,614.10	17,839.82	46,472.20	6,126.60
1922	6,808.86	21,877.21	21,425.19	50,111.26	4,219.01
1923	4,543.57	22,791.29	22,243.42	49,578.28	14,589.82
1924	7,390.64	28,997.49	22,396.31	58,784.44	19,040.11
1925	7,619.34	35,981.68	20,076.63	63,677.65	31,712.16

Optional Medical Defense

Optional Medical Defense, inaugurated by the Council under instructions from the House of Delegates, went into effect July 1, 1924, for 168 members; on April 1, 1926, the number subscribing was 550. There should be at least 1000 members to afford a sufficient margin of safety. It is, however, gratifying to note that an increase is being shown and, when the doctor finally decides what suits of this character really mean to him, the increase will be more rapid. Seven suits have been filed against members and there are seven cases pending.

Excessive Fees

It seems proper at this point to dwell briefly upon what our legal staff believes is a frequent inciter of suits, namely, excessive fees, both medical and surgical. These, with a growing tendency to commercialism on the part of some members of the profession, are definitely believed to be inciting factors. It is a question that is not one-sided by any means. Modern medicine has placed at our disposal agencies for investigation and diagnosis that are often indispensable. Of these the x-ray may be taken as a type. Then there is laboratory work in greater or less degree that must be called upon more frequently. These charges often form a quite considerable part of the ordinary bill. The remedy here, and indeed the proper procedure, is, as Dr. Frank Billings says, to use them only in that percentage of cases where they are absolutely necessary.

On the other hand, we have a self-instructed public feeling that it has not been thoroughly examined unless a considerable amount of this work has been done. The charge is frequently made against hospitals that this type of work is a routine procedure to the supposed profit of the hospital and the financial pain of the patient. A frank statement beforehand in relation to this work and

its probable cost with a limitation to actual necessity will largely help to eliminate this grievance.

There remain, however, many instances of fees, surgical and medical, that the majority of the profession feels is out of all proportion to the services rendered. There never has been and there never can be a fee bill which is absolutely binding. Special skill and wide experience in particular lines of work, whose presence or absence will often mean success or failure, must be valued accordingly. The principle generally adopted by the legal profession that increased responsibility demands increased remuneration seems to be a fair one, especially where financial considerations can certainly be no object. The Council believes the time is opportune for the Association to go on record on the question, in other words, to state formally and as a matter of record that which is not only the opinion, but also the practice of the great majority of the profession.

Financial Impositions Upon the Profession

There have been no new developments in the income tax situation or in the Harrison narcotic license fee. The committee appointed by the Council last year has continued its activity in an effort to obtain for the profession simple justice in these matters.

Two Dollar California Annual Tax—The Two Dollar Annual Tax on all licensed physicians for the California State Board of Medical Examiners has been under consideration by the Council and, at its 144th meeting, the League was authorized to introduce a bill repealing the tax. At the 74th meeting of the executive committee all action to repeal was, for the present, deferred. It is assumed that the tax went into effect as of January, 1918. The membership of the Society as of January 1, 1918, has been taken for that year. On this basis a total of $46,140 has been assessed and collected from our members to go into the state treasury.

The Council recommends that the matter receive special attention at the next session of the legislature. It has become fashionable to add these annual imposts upon the pretense of a supervisorial regulation by many of the Boards and Commissions. This contention has no merit except on a revenue basis, and from the large amount of money now to the credit of the Board of Examiners, it is evidently not needed.

Proposed Amendments to the Constitution and By-Laws

The following amendments to the Constitution and By-Laws are recommended for adoption:

Amend Constitution, Article VI, Section 1, to read as follows:

Officers

Section 1. The officers of this Association shall be a president, a president-elect, a vice-president, *a Speaker and Vice-Speaker of the House of Delegates,* and fifteen Councilors, of whom one shall be elected from each of the nine Councilor districts and six at large, two of whom shall be elected from the County of Los Angeles, and four from the remainder of the state. Not more than three Councilors shall be elected from any one Councilor district. These officers shall be elected by the House of Delegates at the time and in the manner provided in this Constitution and By-Laws.

Amend Constitution, Article VI, Section 3, to read as follows:

Officers

Section 3. The Association shall elect a president for the next succeeding year who shall remain president-elect for one year preceding his assumption of the office of president. While president-elect, he shall be ex-officio a member of the Council and of all other bodies and committees of which the President is an ex-officio member. *The Speaker and Vice-Speaker who may or may not be members of the House of Delegates shall be elected for the term of one year, commencing on the adjournment of the annual meeting at which elected.*

Amend Constitution, Article VII, to read as follows:

Council

The Council shall consist of the elected Councilors and ex-officio the president, the president-elect, the vice-president, *the Speaker, and the Vice-Speaker of the House of Delegates.* Besides its duties mentioned in the By-Laws, it shall constitute the Finance Committee of the House of Delegates. Five Councilors shall constitute a quorum.

Amend By-Laws, Chapter III, by the addition of Section 9, reading:

Section 9. The speaker of the house or in the absence of such officer, the chairman of the Council, prior to each annual session shall appoint a credentials committee, consisting of two members of the house of delegates and the society secretary ex-officio. The function of this committee shall be to register and to pass on the credentials of all members of the House of Delegates, and submit to the House of Delegates a written report or reports, giving the names of all members eligible thereto. Provided, however, that the members seated by the committee shall have the right through a two-thirds vote to amend the report or reports of the credentials committee.

Amend By-Laws, Chapter III, by the addition of Section 10, reading:

Section 10. No delegate or alternate whose name has not been certificated in writing as such, by his county unit, through the president and secretary, and filed in the office of the state secretary at least fifteen days subsequent to the first of March shall be entitled to a seat in the House of Delegates. The state secretary shall notify each delegate of his election and forward certificate credentials with notice of councilor's rulings governing election and penalty for non-attendance; and no delegate absent without prior notification to his county secretary or secretary of this Association shall be eligible to a seat in the House of Delegates the following year; and it shall be the duty of the secretary to mail a list of all absent delegates to the proper county units.

Amend By-Laws, Chapter IV, as follows:

Renumber section 3 as section 4.

Renumber section 4 as section 5.

Add new section number 3, reading as follows:

Section 3. The speaker shall preside at the meetings of the House of Delegates and shall perform such duties as custom and parliamentary usage require. He shall have the right to vote only when his vote shall be the deciding vote. The vice-speaker shall officiate for the speaker in the latter's absence or at his request. In case of death, resignation, or removal of the speaker, the vice-speaker shall officiate during the unexpired term.

Amend By-Laws, Chapter V, Section 13, by the addition of the words "the executive committee" after the word Council in line 7 of said section, which would then read:

Section 13. The Council shall appoint an attorney-at-law in good standing, practicing his profession in the northern section of California, to act as general attorney for the Association, and an attorney practicing his profession in the southern section of California to act as assistant general attorney. The general attorney shall, so far as possible, attend the sessions of the Council, *the executive committee,* and of the House of Delegates and shall generally advise and counsel with the councilors and officers of the Association. The general attorney or assistant general attorney shall have charge of all actions for malpractice against individual members of the Association on behalf of such members whenever their defense is authorized by the Association, through the Council, the executive committee or the secretary thereof.

Amend By-Laws, Chapter V, Section 15, by the elimination of the words "and the general attorney," which would then read:

Section 15. The executive committee of the Council shall consist of the president, the president-elect, the vice-president of the Association, the chairman of the Council, the chairman of the auditing committee, the secretary and

the editor. . . . The committee shall elect its own chairman, and the secretary shall act as secretary thereof. It shall keep a record of its proceedings and report them to the Council, and all of its proceedings shall be subject to the approval of the Council.

Amend By-Laws, Chapter VI, to read as follows:

Order of Procedure

The committee on scientific program shall consist of the secretary of the state Association, the editor, the secretaries of the sections on general surgery and general medicine, and three others to be elected by the House of Delegates for a term of three years, one being elected each year. The secretary of the Association shall be the chairman thereof. It shall determine the character and scope of the scientific proceedings of the Association, subject to the instructions of the Council.

Amend Chapter VII, Section 8 of the By-Laws, to read as follows:

Section 8. A physician who states he has his major office for professional practice in one county, even though his legal home or residence may be in some other county, may have the option of joining or maintaining his membership in the county medical society of the county in which he has his major office for professional work, or in the county medical society in which he has his legal home or residence.

Medical Officers' Reserve Corps

The following letter from Colonel Munson is self-explanatory:

"Your letter was referred to the Surgeon-General, and the reply from his office gives the status, as of March 15, 1926, as follows:

Requirements, by numbers:	
Medical Reserve Corps	32,000
Dental Reserve Corps	5,200
Veterinary Reserve Corps	2,800
Sanitary and Medical Administrative Reserve Corps	4,200
	44,200

Enrollments, by percentage:	Per cent
Medical Reserve Corps	31
Dental Reserve Corps	80
Veterinary Reserve Corps	37
Sanitary and Medical Administrative Corps	46

"On the basis of physicians licensed to practice in California, 7549, less than half the quota for this state has been so far enrolled. There remains 634 Medical Reserve Officers lacking from California. Full information as to the internal situation in California has been furnished Colonel J. Wilson Shiels, Medical Reserve, who I understand will discuss this phase, as chairman of the Military Committee, at the coming convention."

The speakers at the Second General Session in the ballroom, Thursday, April 29, at 10 a. m., will be Colonel Edward L. Munson, Colonel J. Wilson Shiels, San Francisco; Lieutenant John C. Dement, San Diego; Colonel Harry G. Ford, San Francisco; Lieutenant-Colonel Daniel L. High, Los Angeles; Major Robert T. Legge, Berkeley.

Industrial Medical Practice

The personnel of the original Industrial Medical Practice Committee appointed in May, 1924, was changed during 1925 by reason of the resignation of its general chairman, Dr. Sol Hyman, September 15, 1925. Dr. Philip Stephens, of Los Angeles became general chairman; other members of the committee are:

San Francisco Section—W. H. Winterberg, Section chairman; E. W. Cleary, J. H. Graves, Emmet Rixford, Lester O. Kimberlin.

Los Angeles Section—Ray C. Taylor, Section chairman; Harlan Shoemaker, H. G McNeil, Packard Thurber.

General State Section—C. E. Von Geldern, Section chairman; C. A. Dukes, W. C. Adams, Clarence E. Rees, J. L. Maupin.

The committee has held two open meetings with the Council during 1925, and at the January meeting the Principles of Medical Ethics as Applied to Industrial Medical Practice, published in the March issue of CALIFORNIA AND WESTERN MEDICINE, were adopted and reprints ordered sent to all county secretaries for distribution to interested members.

Clinical Prizes

Drs. Dudley Fulton, chairman; Fred R. Fairchild and George Dock, the committee appointed to formulate rules governing the award of prizes, will also pass upon the papers submitted and report their findings at the first House of Delegates meeting.

The cash prize for the best essay submitted in competition for the clinical prize was awarded to Dr. Emil Bogen of Los Angeles for his contribution entitled "Arachnidism, A Study of Spider Poisoning."

The committee has reported that there was no award made of the cash prize for any essay submitted in competition for the research prize, but one essay entitled "A Study of Carbohydrate Tolerance in Normals and Non-Diabetics," by Drs. Albert H. Rowe and Hobart Rogers of Oakland was awarded honorable mention.

The first chairman appointed, Dr. A. W. Hewlett, resigned on August 31, 1925, because of ill-health; Dr. Walter C. Alvarez, who succeeded Doctor Hewlett, resigned on December 31, 1925, by reason of his removal to Minnesota. Since January 22, Dr. Dudley Fulton has served as chairman.

Board of Trustees

It is recommended that the society consider the advisability of providing a board of trustees to exercise a custodianship of Society funds or properties somewhat after the fashion of the American Medical Association.

Permanent Convention Headquarters

The question of permanent headquarters for the Society continues to be advocated. It is one of such importance that it should be viewed from every angle. The Council feels that it should not be dropped at this point, and recommends that the committee be continued.

A Munificent Gift

At the 158th meeting of the Council, held January 30, 1926, Dr. William E. Musgrave, the editor of the Journal, presented formally and in writing to the California Medical Association 200 shares of the capital stock of "Better Health." These shares represent a cash value of $20,000, and are paid in full. It is a question whether so valuable a gift has ever been made to any state medical association by a member.

It is a free gift. No conditions were made, nor are there any attached thereto. The stock was received by the Council to be held by the chairman and was by him, in the presence of the secretary, deposited in the Wells Fargo Bank and Union Trust Company on February 4, 1926.

The report of the Council was referred to the Reference Committee.

Appointment of the Reference Committee—The president appointed as members of the Reference Committee, Morton R. Gibbons of San Francisco, chairman; Daniel Crosby of Oakland and Robert Pollock of San Diego.

Report of the Committee on Scientific Program—Emma W. Pope of San Francisco, as chairman, submitted the following report of the Committee on Scientific Program:

The program for the 155th meeting of the California Medical Association, held at Oakland, April 26 to May 1, 1926, differs from all preceding programs, in that a full week has been set apart for this meeting. The first two days will be devoted to clinics conducted by invited guests in Fabiola and Merritt hospitals. Dr. Gabriel Tucker of the Bronchoscopic clinic, University Hospital, Philadelphia, was prevented from attendance by reason of serious illness in his family; Dr. Emil Beck of Chicago and Dr. John de Jarnette Pemberton of the Mayo clinic will hold cancer and goiter clinics. These guests will also address the General Session on Thursday morning. We are indebted to the Academy of Medicine for the privilege of inviting Dr. D. Brouwer of the University of Amsterdam,

Holland, to address this meeting on the "Pathology of Sensibility."

There has been a very decided curtailment in the number of section meetings and a definite movement toward the grouping of the more specialized branches under larger general sections. The direct result of this is that papers formerly presented before a small-sized audience engaged in the same specialty are now heard by larger mixed audiences glad of the opportunity to learn of the work of specialists to whom they are referring their cases. There is a decided lessening of papers submitted for publication in CALIFORNIA AND WESTERN MEDICINE, and as a corollary a very pronounced easing of the problem of its editor.

All papers read at this 1926 annual meeting shall by action of the Council be published in full in CALIFORNIA AND WESTERN MEDICINE as soon after the meeting as space will permit, or, at the option of the author, an abstract of the paper of about one column in length shall be published as soon as possible after the meeting, with reprints in full of the entire paper (the cost of setting up type for the reprint to be borne by the Association, and all other costs to be borne by the author). Under this Council ruling, Section officers must approve all papers read before their Sections. It is a very evident deduction that a paper cannot be approved unless submitted completely written. Since papers are regularly accepted in order of presentation, many good papers are declined because they are presented after completion of Section programs. Though it seem unnecessarily early, all papers should be in the hands of Section secretaries by the 1st of February. Completed programs are furnished the state office on February 15 of each year, in time for the April Journal, which goes to print on the 20th of March.

No delinquent member may present a paper, and no one member may present more than one paper. An abstract of not to exceed fifty words must accompany each accepted paper.

Summarizing, it is advisable therefore that space on any given program be applied for early; that a completed paper be in the hands of Section secretaries by January 1 of any year, and that a fifty-word abstract accompany each completed paper.

An innovation this year will be a luncheon held on the last day of the meeting, at which the Program Committee, the Section officers for 1926 and officers of the California Medical Association will discuss program problems with the hope of eliminating faults of this year and incorporating suggestions for the 1927 session.

The report of the Committee on Scientific Program was referred to the Reference Committee.

Report of the Auditing Committee—Morton R. Gibbons of San Francisco, acting chairman of the Auditing Committee, stated that the books of the Association had been audited by Hugh Ross, public accountant, San Francisco, and found correct for the year 1925. He then read the items of total receipts and disbursements and stated that the report of the auditor was on hand for examination if desired.

The report of the Auditing Committee was referred to the Reference Committee.

Report of the Secretary—The secretary, Emma W. Pope of San Francisco, presented the following report:

This third year's statement but echoes what previous secretarial reports have told. The California Medical Association is steadily progressing. In numbers it has been increased by almost 200 members, making a total of 4138.

The financial statement shows that during 1923, $10,370.81 was saved: $4,450.29 in 1924; and $12,672.05 in 1925. This added to $4,219.01 on hand January 1, 1923, gives the Association $31,712.16 at interest in various savings banks. This is certainly a long step in advance of the custom formerly followed by the Medical Society, where no reserve was ever on hand and $2000 had to be yearly borrowed until a sufficient amount of dues could be collected to carry the monthly indebtedness of the Society. To every association, as to every individual, a substantial reserve lends dignity, gives an independence of thought and action, and an ability to accomplish much that otherwise is not possible.

In setting the dues of the Association, these advantages may well be borne in mind and a yearly reserve be provided for. Then, in place of the $4219 reserve on hand in 1922, the termination of the first twenty years since the Society's reorganization in 1902, the California Medical Association might have something tangibly representative of an association of its size and character by 1942—the close of the second twenty ygars of its existence. It might, as do most fraternal organizations, own its own home; it might have a fund to provide for its aged or impecunious members; it could well cover with a blanket policy the health of its retired or affiliate members. To many such worthy causes the interest from a generous reserve could be profitably applied.

During 1925 the Placement Bureau found locations for 37 physicians, 4 technicians, and 9 nurses and stenographers. The letters of appreciation on file from members so placed are the true index of the great value of this service.

The Extension Bureau is monthly sending speakers to local societies. The lanterns purchased by the Association have been of much practical service in this extension work.

That the clerical work of the office of the California Medical Association has functioned efficiently and harmoniously, is due in a large measure to the constant, faithful co-operation of county secretaries. Remittances for membership dues have been prompt. The reports have been made on triplicate blanks, alphabetically arranged as the office requested. In this way one record has been kept in the state office, a duplicate returned to the county secretary, and the triplicate copy forwarded the American Medical Association. Errors that formerly crept in, due to recopying and alphabetical rearrangement have practically disappeared. Membership cards can now be promptly sent out on the same or the following day that county reports are received. On March 31 nine counties had been reported in full, and the dues of 3756 members were paid. If such promptness is in any way indicative of satisfaction, then nine-tenths of the entire membership at least are harmoniously inclined toward their state organization.

Let me urge members to avail themselves of the opportunities and privileges to which membership in the California Medical Association entitles them. Read your Journal; write for it; attend your county meetings and take part in them; attend the annual state meeting; present papers; use the Extension Service, either in hearing or giving talks. When in San Francisco or Los Angeles visit the teaching hospitals; use the Placement Bureau in finding a *locum tenens* for yourself or in securing office assistants, whether nurses, stenographers, or doctors of medicine. Use the state office as a general information bureau of the Association. Members who *do* avail themselves freely of all these services never aimlessly inquire what they get for membership in their state organization. They know! Those members who without any other expense than their annual dues secured through our Placement Bureau positions which pay them from $200 to $1000 a month, or as happened to one of our members this year, disposed of a country practice and secured a most lucrative city practice, appreciate to the full the benefits received from membership in the State Association.

The report of the secretary was referred to the Reference Committee.

Report of the Editor—In the absence of Dr. William E. Musgrave, editor of CALIFORNIA AND WESTERN MEDICINE, Emma W. Pope, secretary, read the following report of the editor:

Our magazine continues a steady and encouraging growth in circulation, assets, income, influence, and usefulness. Under wise direction it may become a constantly increasing force for good and credit to its owners.

Our most serious former problem of what to do with the excessive offerings of articles has been solved. At the annual session last year we had on hand over one year's supply of copy. We now have on hand a normal supply of about six months. This satisfactory showing has been brought about by closer editorial scrutiny of offerings by a changing committee of editorial advisers, by enlarging the size of the magazine, by encouraging authors to revise and shorten their communications, and by encouraging specialists to submit articles of interest only to

specialists to appropriate magazines. The spirit of cooperation with the editor and his advisers by over 95 per cent of our contributors has been splendid, but there are a few who have resented editorial suggestions designed to improve their copy, and now and then some one resents having his offering declined.

An increasing amount of the editor's time is taken up in assisting and advising authors about articles they desire to publish elsewhere. This service is as useful and pleasant as that of helping an author revise and edit his offerings to our own magazine. There is pleasure also in assisting writers of limited experience to get their copy into presentable shape. That this service is deeply appreciated is attested by hundreds of letters that are encouraging and helpful to the editor. For the occasional resentment of the disappointed I have a deep sympathy. I still hold as a treasured possession my maiden effort at writing, over twenty-five years ago, as it was returned to me by my beloved chief, the late Paul Casper Freer. There was not a sentence in my copy that he had not done something to, and some whole pages had been reduced to single sentences. My anger was of that superb quality which is the heritage of inexperience or intolerant youth. The lessons learned from years of daily and hourly association with that remarkable man I try to pass on to others with a sympathy and understanding that troubles not my conscience.

Surplus Copy—We are still offered many more manuscripts than we can possibly publish. Among these are scores of excellent, carefully prepared discourses by nationally known medical writers from all parts of the United States and some from far countries. All of these, except when presented by invitation before a California, Nevada or Utah medical society, have been declined. Copies of offerings by the owners of our magazine and those who are eligible by affiliation continue to be received in far larger numbers than could be published *if they were all acceptable.* Which of these essays to accept, which to decline, which to mark up with suggestions and return to the author with an invitation to revise, is a large and serious problem, one, however, that is inherent in the editorial offices of any worthwhile publication, scientific or secular. After much study and correspondence with other editors, a method of handling our problem was proposed to and approved by the Council of the California Medical Association and published in the March issue of CALIFORNIA AND WESTERN MEDICINE. The Council added to the editor's recommendation some special rules regarding the publication of papers presented at the annual sessions of the California Medical Association. All of this information has been reprinted and authors are invited to secure copies of the pamphlet from the editor or the secretary of the California Medical Association and profit by its suggestions, which constitute the approved policies and rules which apply alike to editor and contributor. Medical authors of limited writing experience will also enhance the value of their contributions and decrease the chances of having them declined by editors of *any* medical magazine by securing and studying the little book called "The Art and Practice of Medical Writing" by George H. Simmons and Morris Fishbein, published by the American Medical Association.

Promoting Circulation—The scientific usefulness and the financial value of any periodical is in direct proportion to its paid circulation. CALIFORNIA AND WESTERN MEDICINE has doubled its circulation and its advertising income during the last five years. It ought to repeat this feat in another five years. There are at least 5000 additional doctors in our territory who should be either member subscribers or fully paid subscribers. Fully paid subscriptions have increased considerably during the past year as a result of two form letters approved by the Council. One letter is a tactfully worded invitation to subscribe, which is sent by the secretary of the California Medical Association with a sample copy of the magazine to each new licentiate by the Board of Medical Examiners. The other is a letter signed by the editor enclosing a postcard subscription order sent to groups of doctors who are licentiates but who are not members of the California Medical Association. The results of both letters have been quite encouraging.

Financial—From a financial point of view, CALIFORNIA AND WESTERN MEDICINE is now a very valuable property, and it can be made many times more valuable. Its financial status is partially represented in the report of the Council, but its assets extend much further than these figures imply or possibly than need be shown, as the magazine is owned by the Association. It must be borne in mind that sooner or later an editor must have compensation, and if this need is overlooked until an emergency arises there might occur a hiatus difficult to fill. There are other reasons which need not be discussed here why eventualities might be anticipated with safety by the adoption of a more extended accounting system.

Libraries—Libraries are proverbially poor. There are several hundred of them in the United States and more hundreds elsewhere. We have been frequently requested to place first one and then another of them, including foreign libraries, on a free mailing list. While such an extension of our circulation would be of undoubted value to our magazine, to our contributors in particular, and to the cause of Western medicine in general, it would be expensive, and circulation of this class is looked upon by advertisers as of little value to them.

Exchanges—We now exchange with some ninety other medical periodicals. All of these go to the library of the San Francisco County Medical Society as soon as the editor has examined them. There are several hundred good medical journals in this country and abroad that we do not exchange with. We have hesitated to enlarge our list because of the expense and, as mentioned above about libraries, this form of increased circulation does not increase advertising values and rates. So far as the needs of the editor are concerned, about fifty selected medical magazines are all that are essential. The San Francisco County Society library would like the list enlarged. The general welfare of our magazine and the interests and reputation of our contributors would be greatly enhanced by having CALIFORNIA AND WESTERN MEDICINE go to some 300 or 400 of the 600 or more medical journals of the world. Many of the special and some of the more general medical magazines, both in this country and abroad, have access to good libraries fully supplied with current medical literature, and therefore decline to exchange with any other publication. The recently greatly increased postal rates have caused some medical periodicals to revise and further limit their exchange list.

Considered purely from a financial point of view, the net income of CALIFORNIA AND WESTERN MEDICINE would be materially improved by abolishing its exchange list. However, there are other considerations that make such action inadvisable. The question is important but involved. It ought to have serious study by an industrious committee whose report could form the basis of a definite and much-needed policy resolution by the Council or the House of Delegates.

Books—Neither the better class book publishers nor medical editors are satisfied with the perfunctory routine methods of handling book reviews now in vogue. The subject is too important and too involved to go into here, but it needs careful consideration by a special committee from whose report the Council could issue much-needed policy instructions.

Bibliographies—CALIFORNIA AND WESTERN MEDICINE has for some years discontinued, except in special instances, the publication of "lists of references cited," often miscalled bibliographies, appended to many manuscripts. This action was taken because careful checkups show from 10 to 50 per cent of the references to be incomplete or inaccurate. Some authors include references to contributions not mentioned in the body of their discourse, and in some instances such references deal with matter entirely foreign to the author's theme. Some writers seem to consider "bibliographies" and "lists of references cited" as identical. With accurate, well-indexed publications like the Cumulative Index of the American Medical Association—quite inclusive of current medical literature—appearing every three months, the inclusion of a bibliography as part of the ordinary discourse even when it is well done is of doubtful value. An *accurate* list of references cited and actually used by an author in his contribution is often of value, but such lists of authors or

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literature cited do not constitute a bibliography. We would be delighted to publish lists of references cited and used by contributors *if we had the personnel to check them up* as to accuracy and completeness. This is tedious, trying drudgery for someone sufficiently trained to do such work. It would require about one-fourth of the time of a qualified person to do this for our magazine. My only recommendation is that if you, the owners of CALIFORNIA AND WESTERN MEDICINE, want references published, you provide for the expense necessary to have the work done intelligently and accurately.

Binding — CALIFORNIA AND WESTERN MEDICINE always has been "stapled." The April issue is "sewed." Sewing costs about $90 an issue more than stapling. The advantages of sewing are obvious. Your instructions as to whether the magazine will hereafter be sewed or stapled are invited.

Associates and Assistants—It has been possible for me to live eighty miles from the office and edit CALIFORNIA AND WESTERN MEDICINE because of the splendid loyalty of hundreds of colleagues and editorial advisers as well as being blessed with remarkably loyal and capable assistants. The advertising has been handled, as heretofore, entirely by Miss Sue Van Wagenen, assisted by our able advertising solicitor, Mr. L. J. Flynn, for the local field, and the Co-operative Advertising Bureau of the American Medical Association for national advertising. Miss Van Wagenen also has had full charge of the office, and with one assistant has carried the brunt of the office routine and contact with the printers and the public. The James H. Barry Company, under the management of Mr. W. H. Barry, superintendent of publications, has continued to give us splendid service and whole-hearted co-operation at all times. Dr. Emma Pope and her staff of the secretary's office have rendered full co-operation and qualified assistance in our mutual endeavors. Miss Ruth Cushman, who was severely injured in the "Key Route" accident last year, is still away from the office, but her position has been held for her and she is expected to return to duty shortly.

The report of the editor was referred to the Reference Committee.

Unfinished Business—The secretary read the following amendments to the Constitution and By-Laws introduced at the annual meeting of 1925:

Amend the Constitution, Article III, to read as follows:

CONSTITUTION

ARTICLE III

MEMBERS AND GUESTS

Section 1. Members—The members of the Asscciation are the members of the component county societies and include all the active, associate and affiliate members thereof. Every member of the California Medical Association (hereafter elected) must hold the degree of Doctor of Medicine from an institution of learning accredited at the time of conferring such degree by the American Medical Association, and must be elected to membership by the component county society of the county wherein he resides, and pay all dues to the secretary of his county society.

Sec. 2. Active Members — Active members shall be elected from those Doctors of Medicine licensed to practice medicine and surgery in the state of California who in the judgment of the component county society of the county of residence thereof are deemed of such ethical integrity as is required for such membership. (Except if he lives on or near a county line a member may, with the previous written consent of the county of his residence, join the society of the county, most convenient for him to attend, and such adjoining county shall be included in the term county of residence as herein used.)

Sec. 3. Associate Members — Associate members shall be elected from those Doctors of Medicine engaged in teaching or research work or holding position in Federal service or otherwise, who are not licensed to practice medicine and surgery in the state of California and hence are ineligible to active membership. These members shall have all the rights and privileges of active members except the right to vote or hold office. Their dues to the State Association shall be one-half the dues of active members, and their dues to their county society shall be fixed by such county society.

Sec. 4. Affiliate Members—Affiliate members shall be elected from those Doctors of Medicine eligible for active membership, but who are, for any reason satisfactory to the county society and the Council of the State Association, entitled to special consideration. These members shall have all the rights and privileges of other members except the right to vote or hold office. Their dues to the State Association shall be $1 per year, and their dues to their county society shall be fixed by such county society.

Sec. 5. Honorary Members—Honorary members of the California Medical Association may be elected by the House of Delegates.

Amend the Constitution, Article VI, Section 4, to read as follows:

ARTICLE VI

OFFICERS

Section 4. No delegate during his term of service as delegate shall be eligible to any office named in Section 1 except that of Councilor, and no person shall be elected president, president-elect, vice-president and councilor who has not been a member of the Association for two years preceding his election. Every delegate and alternate to the House of Delegates of the California Medical Association must have been a member of the Association for one year prior to his election.

Amend By-Laws, Chapter I, Section 1, to read as follows:

BY-LAWS

CHAPTER I

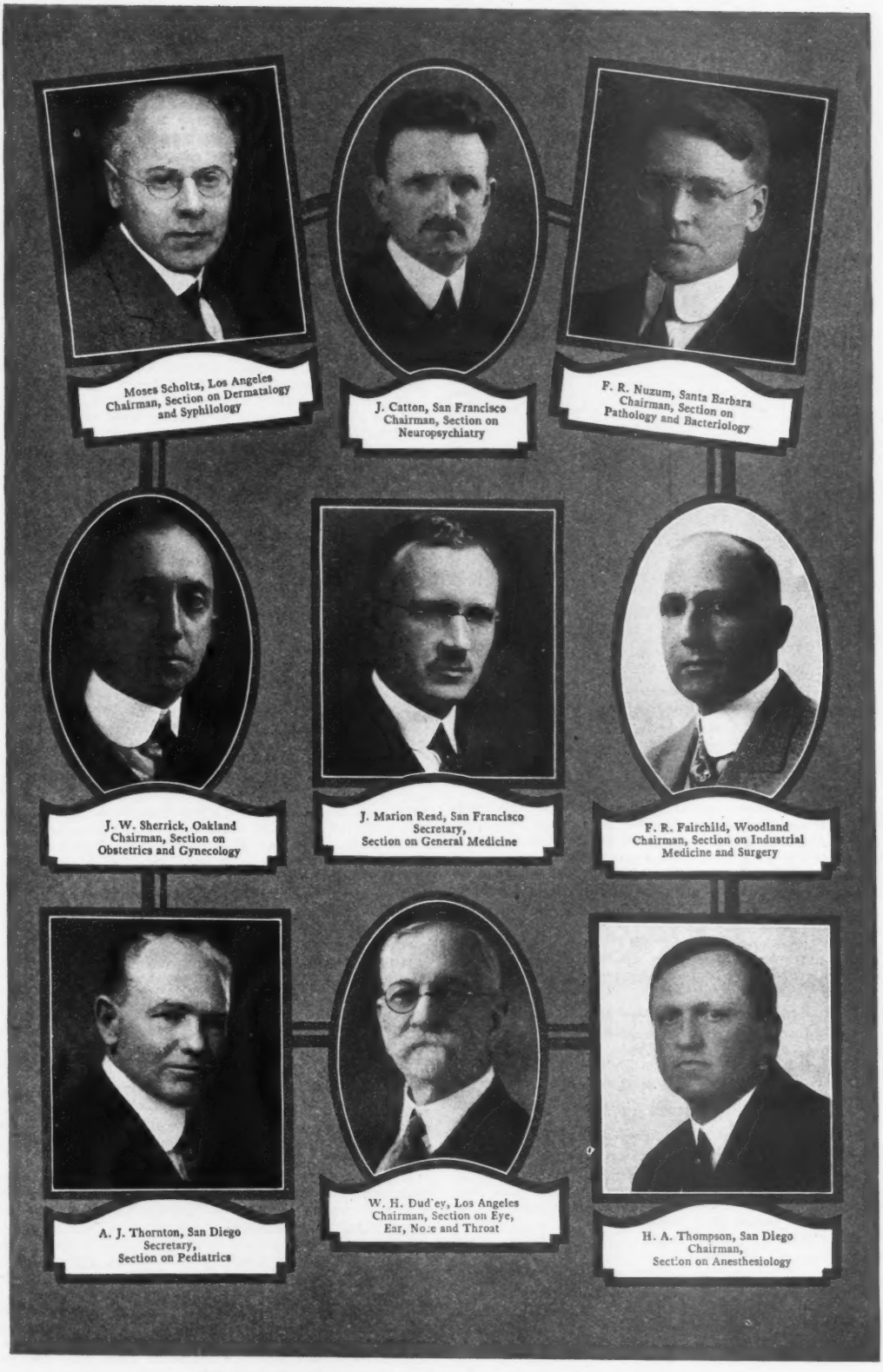
Section 1. All members of county societies—active, associate, and affiliate—shall by virtue of such membership hold corresponding membership in the California Medical Association upon certification by the secretary of the county society of such membership and receipt by the secretary of this Association of the assessment for the fiscal year.

Amend the By-Laws, Chapter I, by adding a new section to be numbered 5, reading as follows:

Section 5. A member who changes his residence from the county through whose society he holds membership in this Association to another county in which there is a county society, is eligible to membership in the component county society of his new residence on the presentation of a transfer card, and an official statement that his dues have been paid in full in the society in which he holds membership; provided that no evidence which would otherwise disqualify him for membership arise. He shall forfeit his membership in this Association one year after change of location unless he becomes a member of the society of the county to which he has moved. Any member who has heretofore changed his residence as aforesaid shall have one year after the date of the adoption hereof to comply with the provisions of this section.

Amend the By-Laws, Chapter VII, Sections 4 and 14, to read as follows:

Section 4. Each county society shall judge the qualifications of its members. However, as such societies are integral parts of this Association and all the basis of membership in the American Medical Association, it is necessary that the qualifications meet the minimum requirements of the state and national organizations. These minimum requirements are that to be eligible for election as an active or affiliate member the applicant must hold the degree of Doctor of Medicine from an institution of learning accredited at the time of conferring such degree by the American Medical Association, and must be licensed to practice medicine and surgery in the state of California. Every associate member must hold the degree of Doctor of Medicine from an institution of learning accredited at the time of conferring such degree by the American Medical Association, and must not be licensed to practice medicine and surgery in California and hence be ineligible to active membership. A member must not practice or claim to practice or lend his support, co-operation or in any other way endorse any exclusive



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system of medicine or any person practicing the same. He shall be honorable and ethical in his conduct and shall subscribe to the principles of medical ethics of the American Medical Association, and shall recognize the Council of this Association as the proper authority to interpret any doubtful points in ethics. Every applicant for membership in a county society shall fill out and sign in duplicate the application blanks provided by the society which prescribe the necessary qualifications for membership. One copy of each such application shall be promptly forwarded to the office of this Association.

Section 14. Any county society may in its discretion elect active, associate, and affiliate members under and pursuant to the provisions of Article III of this Constitution. Any county society may also elect honorary members of its own society, but such honorary members shall not thereby be honorary members of this Association.

On motion of Soiland, Los Angeles, seconded by Catton, San Francisco, amendments to the Constitution, Article III, Sections 1, 2, 3, 4, and 5, except that portion of Section 2 reading: "Except if he lives on or near a county line a member may, with the previous written consent of the county of his residence, join the society of the county most convenient for him to attend, and such adjoining county shall be included in the term 'county of residence' as herein used," which was deleted; Article VI, Section 4, and amendments to the By-Laws, Chapter I, Sections 1 and 5; Chapter VII, Sections 4 and 14, were unanimously adopted section by section and as a whole by the House of Delegates.

Harlan Shoemaker, Los Angeles, then offered and introduced the following amendments to the Constitution and By-Laws:

Proposed amendments to the Constitution and By-Laws in relation to a board of trustees and other matters:

Amend Article VI—Officers

Section 1. To insert after word "vice-president" in line 2, the words "seven trustees."

Amend Article VI

Section 1, Line 8—After the word "officers" insert the words "other than trustees."

Amend Article VI

Section 2, Line 1—After the word "councilors" insert the words "and trustees."

Amend Article VI

Section 2, Line 3—Insert additional sentences to read: "The terms of the trustees shall be two for five years, one for seven years, and two for nine years. The president and secretary shall be elected annually.

The Council shall elect the trustees at its first meeting held after the annual meeting of the Association.

All trustees shall hold office until their successors are elected."

Amend Article VII

Omit the words "Beside its duties mentioned in the By-Laws, it shall constitute the Finance Committee of the House of Delegates.

Amend Article IX—Funds and Expenses

Line 3—Insert after "voluntary subscriptions" the words "donations, endowments, and gifts."

Line 6—Omit words "House of Delegates by two-thirds vote of those present" and insert the words "board of trustees."

Article XIII

Insert new article to be numbered Article XIII, entitled "Trustees." Text to read:

Section 1. The Board of Trustees shall consist of seven members who shall hold, administer, manage and control all funds and properties of the Association.

Sec. 2. No person shall expend or use for any purpose money belonging to the Association without the approval of the Board of Trustees.

Sec. 3. All acts of the Council involving expenditure, appropriation, or use in any manner, of money, or the acquisition or disposal in any manner, of property of any kind belonging to the Association, must be approved by the Board of Trustees.

Sec. 4. The Board of Trustees may formulate rules governing the expenditure of money to meet the necessary running expenses and fixed charges of the Association, as well as such other rules governing its actions as it may deem necessary or desirable. Four members of the board shall constitute a quorum for the transaction of business. The board shall elect its own chairman and vice-chairman, but the secretary of the Association shall be the secretary of the board.

Sec. 5. The trustees shall hold quarterly meetings at such time and place as the board shall designate, but special meetings may be called at any time by the president, and shall be called by him, on the request of two or more trustees.

Sec. 6. The trustees shall make an annual report of the financial and general status of the Association at the annual meeting of the Association, and to the Council at its fall meeting and at such other times as the Council may request.

Sec. 7. Absence of a trustee from three consecutive meetings of the Board of Trustees, without an excuse satisfactory to the Council shall be interpreted as a resignation from the Board of Trustees. Upon receiving notice from the secretary of such absence, the Council shall proceed to elect a trustee to fill the vacancy.

Sec. 8. The Council may, at any time it deems it necessary or advisable, direct the incorporation of said Board of Trustees under the laws of the state of California, and the trustees shall thereupon form and organize such corporation.

Chapter 4, Section 3—Duties of Officers

Line 3—After the word "Council" insert the words "and the trustees."

Chapter 4, Section 4

Line 2—Substitute the word "trustee" for "Council."

Chapter 4, Section 4

Line 9—Substitute the words "Board of Trustees" for the word "Council."

Chapter 5, Section 1

Substitute the word "trustees" for "chairman."

Chapter 5, Section 1

Line 15—Add sentence after word "year" reading: "The Council shall fill all vacancies in the Board of Trustees."

Chapter 5, Section 2

Change to read: "The Council shall have power to do and perform all acts, transact all business for and on behalf of the Association other than those powers and duties herein or in the Constitution vested in the Board of Trustees. The Council shall also have power to delegate any of its powers as it may determine to the Executive Committee hereinafter provided for.

"Proposed Amendments to the Constitution and By-Laws in Relation to a Board of Trustees," and other matters as above set forth, were referred to the Reference Committee.

William Duffield, Los Angeles, then offered and introduced the following resolution:

Resolution No. 1

"Care of Drug Addicts":

WHEREAS, Addiction to narcotic drugs presents a serious social and medical problem in which the medical profession is interested, and

WHEREAS, Means taken to combat the development of addiction to narcotic drugs, to control illicit traffic in narcotic drugs and to cure the victims of drug addiction have, in the past, been largely unscientific and without good results, and

WHEREAS, The state of California should, if possible, enact such laws and provide such means for apprehension and cure of addicts as would effectively eradicate the evils referred to, therefore, be it

RESOLVED, That the California Medical Association endorse the effort of the California Legislature now in progress in its plan to enact legislation designed to eradicate the evils referred to; and be it further

RESOLVED, That a plan which provides commitment of addicts after fair trial to a farm from which escape can be made impossible and which affords enlightened care, hospital cure, and work treatment or other plan similar,

equal or better and under control of the California State Board of Health, meet with the approval of the California Medical Association.

Resolution No. 1, "Care of Drug Addicts," was referred to the Reference Committee.

William E. Chamberlain, San Francisco, then offered and introduced the following resolution on behalf of the San Francisco Board of Directors:

Resolution No. 2

Resolution No. 2. Annual Dues:

RESOLVED, That the annual dues of the California Medical Association be fixed at $7.

"Annual Dues," was referred to the Reference Committee.

Edward N. Ewer, Oakland, then offered and introduced the following resolution:

Resolution No. 3

Death of Doctor Edwards.

Death of Doctor Edwards

WHEREAS, Death has taken from us our friend and fellow-worker, T. C. Edwards, and

WHEREAS, He was a member of the Council for nearly twenty years and served faithfully and well the best interests of the Association, and

WHEREAS, Doctor T. C. Edwards was president during the year 1925 of the California Medical Association, and

WHEREAS, For more than forty years he was an honest and wise physician devoting his life to the benefit of his patients and the public welfare, and

WHEREAS, His high ethical standards and eminent morality stood as an example to all of us, and

WHEREAS, His death is an irreparable loss to medicine and to the world at large, therefore be it

RESOLVED, That we the California Medical Association in solemn conclave do hereby deplore our loss and declare our profound regard and affection for his memory; also be it

RESOLVED, That we hereby extend to his community and to his bereaved family our heartfelt sympathy; and be it further

RESOLVED, That we hereby inscribe the name of Thomas Clay Edwards on the roll of our beloved and honorable country doctors among the immortals of medicine.

Resolution No. 3, Death of Doctor Edwards, was referred to the Reference Committee.

Reading and Adoption of Minutes—The minutes of the session were then read and on motion of Morton Gibbons of San Francisco, seconded by Joseph Catton of San Francisco, were approved.

Adjournment—There being no further business, the House adjourned to meet at 8 p. m., Friday, April 30, 1926.

MINUTES OF THE HOUSE OF DELEGATES

Second Session

Held in the South Room, Hotel Oakland, Oakland, California, Friday, April 30, 1926, at 8 p. m.

Call to Order—The meeting was called to order by the president, Edward N. Ewer of Oakland.

Roll-Call—The secretary, Emma W. Pope of San Francisco, called the roll; eighty-one members were seated, and the president declared a quorum present.

Place of Meeting for 1927—The president announced that by unanimous action of the Council, Hotel Biltmore, Los Angeles, had been chosen as the headquarters for the 1927 meeting.

Report of the Committee on Arrangements—Clarence De Puy, chairman of the Committee on Arrangements, submitted the following report:

Attendance—Special efforts were made to have members attend the Oakland meeting and personal invitations were sent to each member by the Alameda County Medical Association, inviting him to come. We wish to report that this is the largest registration at any annual meeting that the California Medical Association has ever had, the number being over 1250.

Clinics—The committee had considerable difficulty in arranging our preconvention clinics, especially in getting prominent medical men to come and conduct them. Our meeting comes at a time of the year that makes it difficult for physicians connected with teaching institutions to get away, as it is near the close of their school year and it is also too early in the year for most men to take their vacations.

PERCY T. PHILLIPS, Santa Cruz
President-Elect

We were fortunate in securing Emil Beck of Chicago and John Pemberton of Rochester, Minnesota.

Gabriel Tucker of Philadelphia, who was to have been here, was unable to come on account of sickness in his family.

The committee has tried to arrange an interesting social program for you, and we hope you have all enjoyed it. It has been our ambition to make this, the Oakland meeting, the biggest and the best meeting that the California Medical Association has ever held.

On motion, duly seconded, the report of the Arrangements Committee was unanimously adopted.

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* **Percy Todd Phillips** (286 Walnut Avenue, Santa Cruz). President-Elect California Medical Association, 1926. M. D. Western Reserve University, 1889. Graduate study: New York Polyclinic, 1893-94; Chicago, 1896; London and Nurnberg, 1901. Practice limited to Surgery. Hospital connections: Surgeon-in-Chief, Hanly Hospital, Santa Cruz. Previous honors and services: President Nevada State Medical Society, 1896; President Nevada State Board Medical Examiners, 1899-1900; Ex-President Santa Cruz County Medical Society; Member District Exemption Board, District 1, Division 2, during war. Scientific organizations: Santa Cruz County Medical Society; American Medical Association; California Medical Association; California Academy of Medicine; Pacific Coast Association Railway Surgeons; Fellow American College of Surgeons. Appointments: President, California State Board of Medical Examiners, 1917 to date.

ROBERT V. DAY, Los Angeles
Vice-President

Election of Officers

The president declared that the first order of business was the election of officers, and appointed Lyell C. Kinney of San Diego and Albert M. Meads of Oakland tellers for the election.

President-Elect—Percy T. Phillips of Santa Cruz was nominated for president-elect by Daniel Crosby of Oakland. The nomination was seconded by Joseph M. King, Los Angeles, and Junius B. Harris, Sacramento.

René Bine of San Francisco was nominated for president-elect by I. W. Thorne of San Francisco. The nomination was seconded by Thomas Kelly, San Francisco, and A. C. Reed, San Francisco.

George H. Kress of Los Angeles moved that the nominations be closed; such motion being seconded by W. B. Coffey of San Francisco.

There being no further nominations, the president announced that the House would proceed to ballot. Seventy-eight ballots were cast: Percy T. Phillips, Santa Cruz, received the majority of votes taken. The president then declared Percy T. Phillips elected president-elect for the year 1926-1927.

Vice-President—Robert V. Day of Los Angeles was nominated for vice-president by William H. Kiger, Los Angeles. The nomination was seconded by William Duffield, Los Angeles, who then moved that the nominations be closed; such motion being seconded by Daniel Crosby, Oakland; and the secretary instructed to cast the ballot. The secretary cast the ballot and the president declared Robert V. Day elected vice-president for the ensuing year.

Councilors

Councilors-at-Large—George H. Kress of Los Angeles was nominated by W. A. Swim, Los Angeles, for councilor-at-large to succeed himself. The nomination was seconded by Harlan Shoemaker of Los Angeles. There being no further nominations, the president declared the nominations closed and instructed the secretary to cast the ballot. The secretary cast the ballot, and the president declared George H. Kress elected councilor-at-large for the ensuing three years.

Harlan Shoemaker of Los Angeles was nominated by Percy T. Magan of Los Angeles for councilor-at-large to succeed himself. The nomination was seconded by Joseph Catton of San Francisco, who then moved that the nominations be closed; such motion being seconded by Daniel Crosby of Oakland; and the secretary instructed to cast the ballot. The secretary cast the ballot, and the president declared Harlan Shoemaker of Los Angeles elected councilor-at-large for the ensuing three years.

Charles L. Curtiss of Redlands was nominated by T. A. Card, Riverside, for councilor-at-large to succeed himself. The nomination was seconded by Charles P. Thomas of Los Angeles, who then moved that the nominations be closed; such motion being seconded by W. B. Coffey of San Francisco; and the secretary instructed to cast the ballot. The secretary cast the ballot, and the president declared Charles L. Curtiss elected councilor-at-large for the ensuing three years.

Joseph Catton of San Francisco was nominated by Henry A. Ryfkogel, San Francisco, for councilor-at-large to succeed René Bine. The nomination was seconded by A. C. Reed of San Francisco.

Gayle G. Moseley of Redlands was nominated by Eugene LeBaron of Brawley for councilor-at-large to succeed René Bine; such nomination being seconded by Gifford L. Sobey, San Luis Obispo, who then moved that the nominations be closed. A. C. Reed of San Francisco seconded the motion. A ballot was then taken and the president instructed the tellers, Lyell C. Kinney, San Diego, and Albert M. Meads, Oakland, to count the ballot. Doctor Catton received the majority of the votes cast. The president then declared Dr. Joseph Catton elected councilor-at-large to succeed Dr. René Bine.

Third District—William H. Bingaman of Salinas was nominated by Joseph Catton, San Francisco, to succeed himself as councilor for the Third District. The nomination was seconded by William P. Lucas, San Francisco, who then moved that the nominations be closed; such motion being seconded by Harlan Shoemaker of Los Angeles; and the secretary instructed to cast the ballot. The secretary cast the ballot, and the president declared William H. Bingaman elected councilor for the Third District for the ensuing three years.

Fifth District—John Hunt Shephard of San Jose was nominated by David A. Beattie, San Jose, to succeed Doctor Beattie as councilor for the Fifth District. The nomination was seconded by W. B. Coffey, San Francisco, who then moved that the nominations be closed; such motion being seconded by Joseph Catton of San Francisco; and the secretary instructed to cast the ballot. The secretary cast the ballot, and the president declared John Hunt Shephard elected councilor for the Fifth District for the ensuing three years.

Sixth District—Walter B. Coffey of San Francisco was nominated by John H. Graves, San Francisco, to succeed himself as councilor for the Sixth District. The nomination was seconded by George H. Kress of Los Angeles, who then moved that the nominations be closed; such motion being seconded by C. P. Thomas of Los Angeles; and the secretary instructed to cast the ballot. The secretary cast the ballot, and the president declared Walter B. Coffey elected councilor for the Sixth District for the ensuing three years.

Seventh District—Oliver D. Hamlin of Oakland was nominated by Dudley Smith, Oakland, to succeed Dudley

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* **Robert V. Day** (Detweiler Building, Los Angeles). M. D. University of California, Department of the South, 1897. Practice limited to Urology since 1913. Hospital connections: Senior Attending Urologist, Los Angeles General Hospital; Chief Urological Department, White Memorial Hospital and Boyle Avenue Clinic; Staffs California, Lutheran, Methodist, and Hollywood hospitals. Previous honors: Formerly Chairman, Section on Urology, American Medical Association. Present scientific organizations: Los Angeles County Medical Association; California Medical Association; American Medical Association; American Urological Association; Los Angeles Clinical and Pathological Society; Los Angeles Symposium Society. Publications: "A Method for Accurate Collection of the Bladder Leakage of Phthalein in Kidney Studies (Journal of Urology, January, 1925); "Ectopic Opening of the Ureter in the Male, with Report of a Case" (Journal of Urology, March, 1924); "A Plan for the Early Diagnosis and Management of Primary Papilloma of the Ureter and Kidney Pelvis, Surgery, Gynecology and Obstetrics" (April, 1925), and about a dozen more.

OLIVER D. HAMLIN, Oakland
Chairman of the Council

Smith as councilor for the Seventh District. William Duffield, Los Angeles, seconded the nomination and moved that the nominations be closed; such motion being seconded by W. D. Coffey of San Francisco; and the secretary instructed to cast the ballot. The secretary cast the ballot, and the president declared Oliver D. Hamlin elected councilor for the Seventh District for the ensuing three years.

Ninth District—James H. McLeod of Santa Rosa was nominated by Harry O. Hund, San Rafael; such nomination being seconded by William Duffield, Los Angeles.

James H. McLeod, Santa Rosa, requested that his nomination be withdrawn, which was done, and nominated Henry S. Rogers, Petaluma, as councilor for the Seventh District to succeed James H. McLeod. William J. Quinn, Eureka, seconded the nomination and moved that the nominations be closed; such motion being seconded by Robert Peers, Colfax; and the secretary instructed to cast the ballot. The secretary cast the ballot, and the president declared Henry S. Rogers elected councilor for the Ninth District for the ensuing three years.

* Oliver D. Hamlin (Federal Realty Building, Oakland). M. D. Stanford University Medical Department, 1894; M. S., University of Santa Clara, 1890. Graduate study: Johns Hopkins University, 1901; Practice limited to Surgery since 1910. Hospital connections: Chief of Staff, Providence Hospital; Chief Surgeon, Alameda County Emergency Hospital since 1905; Consulting Surgeon to Merritt Hospital. Previous honors and services: Former Professor Surgery, Oakland College of Medicine and Surgery. Scientific organizations: Alameda County Medical Society; California Medical Association; American Medical Association; Alameda County Surgical Association; Pacific Coast Association Railroad Surgeons; Fellow American College of Surgeons. Appointments: Chief Surgeon Alameda County Emergency Hospital; Division Surgeon Southern Pacific Company. Publications: "Traumatic Injuries to Abdomen"; "Shock"; "Fracture of Skull"; "Abdominal Drainage," all published California and Western Medicine.

Member of the Committee on Scientific Program—Lemuel P. Adams of Oakland was nominated by Dudley Smith, Oakland, as a member of the Program Committee. The nomination was seconded by H. B. Mehrmann, Oakland, who then moved that the nominations be closed; such motion being seconded by Joseph Catton, San Francisco. The secretary cast the ballot, and the president declared Lemuel P. Adams elected member of the Program Committee for the ensuing four years.

Delegates to the A. M. A.—The president advised the House that it was necessary to elect five delegates to the American Medical Association at this session.

Victor Vecki of San Francisco was nominated by Joseph Catton, San Francisco, as delegate to the A. M. A. for a two-session term, to succeed himself; such nomination being seconded by George Kress, Los Angeles, who then moved that the nominations be closed. H. B. Mehrmann, Oakland, seconded the motion. The secretary cast the ballot, and the president declared Victor Vecki elected delegate to the A. M. A. for the ensuing two sessions.

Percy T. Magan of Los Angeles was nominated by William Duffield, Los Angeles, as delegate to the A. M. A. for a two-session term to succeed Hans Lisser, San Francisco; such nomination being seconded by William Kiger, Los Angeles, who then moved that the nominations be closed. C. P. Thomas, Los Angeles, seconded the motion. The secretary cast the ballot, and the president declared Percy T. Magan elected delegate to the A. M. A. for the ensuing two sessions.

Dudley Smith, Oakland, was nominated by Walter B. Coffey, San Francisco, as delegate to the A. M. A. for a one-session term to succeed Lemuel P. Adams, Oakland; such nomination being seconded by H. B. Mehrmann, Oakland, who then moved that the nominations be closed. Daniel Crosby, Oakland, seconded the motion. The secretary cast the ballot, and the president declared Dudley Smith elected delegate to the A. M. A. for one session.

Albert Soiland of Los Angeles was nominated by W. E. Chamberlain, San Francisco, as delegate to the A. M. A. for a one-session term to succeed himself; such nomination being seconded by W. B. Bowman, Los Angeles, who then moved that the nominations be closed. Harlan Shoemaker seconded the motion. The secretary cast the ballot, and the president declared Albert Soiland elected delegate to the A. M. A. for one session.

Robert Pollock of San Diego was nominated by John C. Yates, San Diego, as delegate to the A. M. A. for a one-session term to succeed Robert V. Day; such nomination being seconded by H. B. Mehrmann.

Martha Welpton of San Diego was nominated by Mott H. Arnold, San Diego, as delegate to the A. M. A. for one session to succeed Robert V. Day. C. P. Thomas, Los Angeles, seconded the nomination and moved that the nominations be closed; such motion being seconded by W. B. Coffey, San Francisco.

There being no further nominations, the president declared the nominations closed, and a ballot was taken. Thereupon the president instructed the tellers, Lyell C. Kinney, San Diego, and Albert H. Meads, Oakland, to count the ballot. The president announced that seventy-two ballots were cast as follows: Robert Pollock, San Diego, 39; Martha Welpton, San Diego, 33. The president then declared Robert Pollock elected delegate to the A. M. A. for one session.

Alternates—William E. Stevens of San Francisco was nominated by W. E. Chamberlain, San Francisco, as alternate to Victor Vecki for the term of two sessions. H. B. Mehrmann seconded the nomination and moved that the nominations be closed; such motion being seconded by Dudley Smith, Oakland. The secretary cast the ballot, and the president declared William E. Stevens elected alternate to the A. M. A. for Victor Vecki.

C. D. Lockwood of Pasadena was nominated by William Duffield, Los Angeles, as alternate to Percy T. Magan for the term of two sessions. H. B. Mehrmann seconded the nomination and moved that the nominations be closed; such motion being seconded by Robert Peers, Colfax. The secretary cast the ballot, and the president declared C. D. Lockwood elected alternate to the A. M. A. for Percy T. Magan.

Walter B. Coffey of San Francisco was nominated by

A. C. Reed, San Francisco, as alternate to Dudley Smith for the term of one session. H. B. Mehrmann seconded the nomination and moved that the nominations be closed; such motion being seconded by C. P. Thomas, Los Angeles. The secretary cast the ballot, and the president declared Walter B. Coffey elected alternate to the A. M. A. for Dudley Smith.

Charles P. Thomas of Los Angeles was nominated by William Duffield, Los Angeles, as alternate to Albert Soiland for the term of one session. W. B. Coffey seconded the nomination and moved that the nominations be closed; such motion being seconded by H. B. Mehrmann. The secretary cast the ballot, and the president declared Charles P. Thomas elected alternate to the A. M. A. for Albert Soiland.

Martha Welpton of San Diego was nominated by T. O. Burg, San Diego, as alternate to Robert Pollock for the term of one session. H. B. Mehrmann seconded the nomination and moved that the nominations be closed; such motion being seconded by William Duffield, Los Angeles. The secretary cast the ballot, and the president declared Martha Welpton elected alternate to the A. M. A. for Robert Pollock.

Report of the Reference Committee

Morton R. Gibbons, San Francisco, chairman of the Reference Committee; Daniel Crosby, Oakland; and Robert Pollock, San Diego, members.

Morton R. Gibbons, chairman of the Reference Committee, presented the following report:

1. **Address of President**—President Ewer's address, delivered before the first general session, April 28, 1926, was characterized by a sane conservatism that aptly expresses the attitude of organized medicine toward the various social problems of the day. It was chiefly devoted to a study of the surfeit of social service problems with which we are deluged, and he very pertinently asks "how far can organized medicine go in the approval of agencies whose work paves the way to state medicine?"

The testing of human intelligence was stated as being far from infallible as yet; the extreme views on heredity held by some so-called scientists and thrown broadcast by their writings were intelligently criticized.

The whole eugenic movement was shown to have little of scientific worth to it, and its offspring, birth control, as taught in many population centers, was defined as an expensive and superfluous kind of social service tending against community uplift and refinement.

A social service movement that would check the rising tide of crime, would be, he said, a welcome thing; while the reconciliation of religion to scientific effort and progress would approach the ideal, in agencies for making the world better.

2. **Address of President-Elect**—The address of President-Elect McArthur points to the vastly more rapid progress in medicine of the last fifty years than in the preceding 2000 years. It predicts for medicine greater progress in the next twenty-five years than for any other human endeavor.

The following paragraphs deserve special commendation:

"The duties of a county society are many, and they are not fulfilled when devoted exclusively to the education and good of its own members. It is largely responsible for the health of the community, and should be the central and directing force behind all health work in that section. It should call into its councils not only the representatives of boards of health of the state, county, and city, but dentists, nurses, and all agencies engaged in public health activities.

"When we fully acknowledge our obligations to society and make an earnest endeavor to liquidate the debt, showing that our actions are in keeping with our lofty ideals, there will be no difficulty in getting full co-operation of the laity."

"Union hospitals can be established just as well as union high schools, and when such are assured there will be little difficulty in supplying the demand for educated physicians in rural districts."

The characterization of the true physician would be well to remember.

This address, in the opinion of your Reference Committee, is one which it would be wise for every student of medicine to read well so that he might be helped to decide which road he should travel.

3. **Report of Editor**—This most thorough report deserves a close study. Such a study will reveal to the reader the magnitude and success of our journalistic enterprise.

As pointed out in a later paragraph in this report, the editor is giving his most valuable service to the medical profession of the Pacific Coast without salary. The suggestion made by Doctor Musgrave, more than once, that a suitable amount be set aside for salary of the editor should receive favorable action.

The Reference Committee recommends the acceptance of the report.

4. **Report of the Legal Department**—The report of the Legal Department shows good progress in the disposal of pending claims and cases. There has been a marked decrease in 1925 in the number of new claims and cases coming within the province of the department, and while some time will necessarily be required to dispose of matters on hand, the end of this Association's activity is in sight.

5. **Report of the Secretary**—The report of the secretary is worth very careful study and contemplation. In a very short report a great deal of value is said. The reference to the desirability of accumulating a reserve fund commensurate with the dignity of the Society is clearly and concisely stated. A very few years ago members of the Council who are still members were in the habit of putting their hands in their pockets at the approach of each year's end to pay the bills of the Society. It appears that some of the members fear that any substantial reserve fund might be in jeopardy in the hands of these men.

The statements outlining the advantages of the Association and services by the Association to not a few of its members must be a revelation to a large portion of the membership.

The committee recommends the report.

6. **Report of the Council**—The Reference Committee commends the report of the Council. This report gives a clear statement of the major activities of the Association. The Committee would invite attention to the following points, especially:

The Journal—Doctor Musgrave, to whose credit stands the success of our Journal, continues to serve without salary.

Excessive Fees—It seems to your committee that the comments on this subject are well made. Such manifestations of salesmanship and commercialism as sometimes appear under the cloak of medicine are such as would cause an undertaker to swell with pride.

Proposed Amendments to the Constitution and By-Laws—That section which provides for a speaker and vice-speaker of the House of Delegates has been developed because of delay and misunderstanding incident to the old system. The claim that the organization will be made topheavy by the addition of these officers, your committee believes to be without merit.

Chapter 5, Section 13, line 4, which reads: "The General Attorney shall as far as possible attend the sessions of the Council, the Executive Committee, etc.," should, in the opinion of your committee, be changed to read as suggested by the General Attorney, as follows: "The General Attorney shall as far as possible attend sessions of the Council and the House of Delegates, and also the sessions of the Executive Committee when requested by the chairman thereof or the secretary of the Association.

This change is suggested because it seems an imposition upon the time of the General Attorney to attend meetings at which his advice is sometimes not required.

The Reference Committee recommends the adoption of the By-Laws with the suggested alteration.

Medical Officers Reserve Corps—The fact that California, and particularly San Francisco district is so far

behind in its quota in the Medical Officers' Reserve Corps should call for greatly increased activities to fill the quota.

Industrial Medical Practice—On this subject, it should be clearly appreciated that no benefit will result from the Code of Ethics for Industrial Medical Practice, which has recently been adopted by the Association unless the County Medical Society units enforce that code. Members who are abiding by the code are now feeling obliged to lose proffered business because other members have not yet realized their obligations because of inaction of county units.

It is recommended that the county societies again provide a meeting at which members of the Council on invitation may be invited to assist in the initiation of the provisions of the code.

A Munificent Gift—The remarkable gift of Doctor Musgrave to the California Medical Association will be greatly appreciated.

COMMITTEE ON THE MEDICAL PRACTICE ACT

The Reference Committee commends the action of the Council in appointing a special committee to consider desirable or needed changes in the Medical Practice Act of California, bearing, among other things on:

(a) To provide that the Governor of California appoint members to the board from nominations sent up by the three State Medical Societies—Regular, Homeopathic, and Eclectic.

(b) Arrangements to permit properly qualified undergraduate medical students to take their examinations in the fundamental medical sciences, after the completion of the second year of medical study; and

(c) They purpose to thoroughly investigate whether an initiative medical practice act might not be a desirable action on our part.

7. **Proposed Amendments to the Constitution and By-Laws**—The proposed amendments to the Constitution and By-Laws of the California Medical Association relating to a board of trustees: It is recommended that these be printed in the Journal at the same time as the minutes of this session of the State Medical Association and on one other occasion about the end of the year 1926.

8. **Resolution No. 1. Care of Drug Addicts**—The committee recommends that the resolution on the care of drug addicts be adopted and that notification of this action be made to Senator Sanborn Young and Dr. Rupert Blue.

9. **Resolution No. 2. Annual Dues**—The committee recommends that this resolution do not receive the approval of the House of Delegates.

The proposed reduction is small and can mean little to anyone. The California State Medical Association is a dignified body and should possess a dignified reserve fund. Medical education, legislation, convention headquarters, and particularly the salary of the editor of CALIFORNIA AND WESTERN MEDICINE, will one or all require consideration.

10. **Resolution No. 3. Death of Doctor Edwards**—Action of the Reference Committee—The committee recommends that the resolutions referring to the death of Doctor Edwards receive the approval of the House of Delegates.

ACTION BY REFERENCE COMMITTEE

Doctor Gibbons then presented the report item by item:

1. President's Address

Action by the Reference Committee—Committee moves for the adoption of the report.

This motion was duly seconded and unanimously adopted.

2. Address of President-Elect

Action by the Reference Committee—Committee moves for the adoption of the report.

This motion was duly seconded and unanimously adopted.

3. Report of Editor

Action by the Reference Committee—Committee moves for the adoption of the report.

This motion was duly seconded and unanimously adopted.

4. Report of Legal Department

Action by the Reference Committee—Committee moves for the adoption of the report.

This motion was duly seconded and unanimously adopted.

5. Report of the Secretary

Action by the Reference Committee—Committee moves for the adoption of the report. This motion was duly seconded and unanimously adopted.

6. Report of Council

The chairman of the Reference Committee, Morton R. Gibbons, San Francisco, stated that certain items included in the report of the Council warranted special attention and then proceeded to enumerate such items.

(a) Excessive Fees—Action by the Reference Committee—Committee moves that the attitude expressed by the Council receive the approval of the House of Delegates.

This motion was duly seconded and unanimously adopted.

(b) Proposed Amendments to the By-Laws—Upon motion of George Kress, Los Angeles, seconded by Harlan Shoemaker, Los Angeles, and unanimously approved by the House of Delegates, the proposed amendments to the By-Laws were laid on the table to be considered at the 1927 annual meeting.

(c) Medical Officers' Reserve Corps—Action by the Reference Committee—The committee moves for the adoption of the report.

This motion was duly seconded and unanimously adopted.

(d) Industrial Medical Practice—Action by the Reference Committee—The committee moves for the adoption of the report.

This motion was duly seconded and unanimously adopted.

(e) Annual Dues—Action by the Reference Committee—The committee moves for the approval of this report.

This motion was seconded by Daniel Crosby, Oakland, and unanimously carried.

7. Amendments to the Constitution and By-Laws Relating to a Board of Trustees

Action by the Reference Committee—Committee moves that the report of the Reference Committee recommending the usual printing of proposed amendments be adopted.

This motion was duly seconded and unanimously carried.

8. Resolution No. 1. Care of Drug Addicts

Action by the Reference Committee—Committee moves that the resolution on the care of drug addicts be adopted.

This motion was duly seconded and unanimously carried.

9. Resolution No. 2. Fixing of Annual Dues at $7

Action by the Reference Committee—Committee recommends that this resolution do not receive the approval of the House of Delegates.

This motion was seconded by William H. Kiger, Los Angeles, and carried.

Morton R. Gibbons, chairman of the Reference Committee, advised that a resolution providing for a reduction of dues in certain classes of members had been passed to him by W. E. Chamberlain, San Francisco, but had neither been introduced or submitted at the first meeting of the House of Delegates nor laid over for consideration for the customary twenty-four hours.

On motion of George H. Kress, Los Angeles, duly seconded, it was moved that the matter of annual dues should be allowed to lay over until the end of the session. Motion carried.

On motion of George Kress, Los Angeles, seconded by H. B. Mehrmann, Oakland, it was decided that the customary procedure which provides for the laying on the table of all resolutions for a period of twenty-four hours before consideration should be adhered to. Motion carried. On motion of Joseph Catton, San Francisco, duly seconded, it was moved that the resolution be read. The

resolution providing for the reduction of dues in certain classes of members was then read, as follows:

WHEREAS, "Medical Defense" terminated as of July 1, 1924, and

WHEREAS, Members of this Association who joined subsequent to July 1, 1924, are thereby prevented from benefiting by the expenditures of this Association for its legal department, and

WHEREAS, The expenditures of this Association for its legal department amounted to $20,076.63 during the past year, or approximately $5 per member per year, about half of each member's annual dues; now therefore be it

RESOLVED, That this Association recognizes the manifest unfairness of assessing annual dues in equal amounts to members who are entitled to medical defense, and to members who are not entitled to such medical defense, and be it further

RESOLVED, That the annual dues of members joining this Association subsequent to July 1, 1924, be and the same are hereby fixed at a lower figure than the annual dues assessed to members who belonged to the Association prior to July 1, 1924, the exact amount of such reduced dues to be determined by the findings of the certified public accountants employed by this Association; and be it further

RESOLVED, That in the event that an amendment to the constitution shall be found necessary in order to carry out the purpose of these resolutions, such an amendment is hereby formally proposed.

No action taken.

10. Resolution No. 3. Death of Doctor Edwards

Action by the Reference Committee—The committee recommends that the resolution be adopted by a rising vote.

This motion was duly seconded and unanimously carried.

11. Annual Dues

Action by the Reference Committee—The committee moves that the annual dues be fixed at $10.

This motion was seconded by H. B. Mehrmann, Oakland, and carried.

Action by the Reference Committee—The committee recommends the adoption of the entire report except those parts which have been otherwise cared for.

On motion of Harlan Shoemaker, Los Angeles, seconded by H. B. Mehrmann, Oakland, the report of the Reference Committee, which had been read section by section, was unanimously adopted as a whole.

Illness of James H. Parkinson

J. M. King, Los Angeles, spoke of the illness of James H. Parkinson, chairman of the Council, and moved that the secretary express to Doctor Parkinson our regret and sorrow for his inability to be with us and that she accompany this expression of regret with flowers. Unanimously approved by a rising vote.

Presentation of the President

The president appointed Harlan Shoemaker and George Kress, Los Angeles, to escort the incoming president, William T. McArthur of Los Angeles, to the chair. The president then presented Doctor McArthur to the House of Delegates as the president of the Association for the ensuing year. Doctor McArthur, with happy and well-chosen words, took his seat upon the platform.

Presentation of President-Elect

The president appointed John C. Yates, San Diego, and William H. Kiger to escort the president-elect, Percy T. Phillips of Santa Cruz, to the platform. The president then presented the newly elected president-elect to the House of Delegates. Doctor Phillips made a brief statement of appreciation and thanks.

Resolution of Appreciation

On motion of George Kress of Los Angeles, unanimously seconded by the House of Delegates, it was

RESOLVED, That the Association extend to Oakland its sincere appreciation of the very generous hospitality received; and

That our great thanks be tendered the public press for the manner in which they have handled the publicity of the convention, and especially to the publicity manager, Celestine J. Sullivan.

Reading and Adoption of the Minutes

The minutes of this session were then read, and there being no objection were unanimously approved.

Adjournment

There being no further business before the House, the meeting adjourned to meet in Los Angeles in 1927.

ALAMEDA COUNTY

Alameda County Medical Association (reported by Pauline S. Nusbaumer)—The regular monthly meeting of the Association was held at the Ethel Moore Memorial Building, April 19, 1926, and in the absence of the president, J. K. Hamilton, and the vice-president, George Rothganger, was called to order by past president H. B. Mehrmann. The following program was arranged and presented by the staff of the Alameda County Hospital: "Report of a Case of Massive Volvulus" (lantern slide illustration), T. C. Lawson. "Symposium on Thoracoplasty": *a.* In the Tuberculous, Chesley Bush; *b.* In the Nontuberculous, Harold G. Trimble; *c.* Surgical Aspects, Dexter N. Richards. "Treatment of Eclampsia," Clarence A. DePuy.

T. C. Lawson reported a case of volvulus of entire small intestine with torsion of mesentery in a man who came to the hospital unconscious, with symptoms pointing mainly to an intestinal obstruction with vomiting, and prostration of five days' duration. Some gastric symptoms had been present for four years, with gaseous eructations and intermittent attacks of nausea and vomiting. Examination showed principally a distended abdomen with slight rigidity of the abdominal muscles. At autopsy a massive volvulus of the entire small intestine with torsion of the mesentery was found. The dorsal attachment of the mesentery was about an inch in length, the torsion was counterclockwise, extended through two complete turns, with the entire small intestine gangrenous and distended. Fibrous peritoneal adhesions probably congenital were present, with an anomaly of the descending colon which after descending turned medially and cephalad for four inches before descending toward the rectum. Lawson stated that the present case is the seventy-seventh to be reported, of which 25 or 33.3 per cent recovered. All the recovered cases were operated upon. In a large series of cases reported, 1.5 per cent of cases of intestinal obstruction were found to be due to volvulus of the entire small intestine. The doctor described the symptoms and said that absolute diagnosis is usually impossible further than that of an intestinal obstruction. The prognosis is poor without operation; with operation the recoveries averaged 43.8 per cent. All successful cases were operated upon in less than forty-eight hours after first being seen. Treatment is laparotomy with detorsion of the volvulus.

The title of Doctor Bush's talk was "Extra-Pleural Thoracoplasty from the Standpoint of Tuberculosis." He outlined the history of the development of the present operation of extra-pleural thoracoplasty from the time when Friedrich began to operate at the suggestion of Brauer in 1907 up to the present date, pointing out the changes in technique and the reduction of operative mortality. He said that in its application to tuberculosis there were three very important factors to consider: 1. The choice of the case for operation. 2. The technique of the operation itself. 3. The after-care of the patient.

In regard to the first point, he emphasized the necessity of having a patient sufficiently long enough under a dietetic-rest régime to be able to ascertain what the nature of the individual's resistance was. Those cases most suitable for operation he said were a proliferative type of lung involvement suitable for artificial pneumothorax, but in whom artificial pneumothorax could not be accomplished on account of adhesions. As for the third factor, the after-care, Bush said that these patients should be treated in a strict sanatorium régime for a period of from nine months to one year, just as a new case would be treated on whom no operative interference had been made. Bush also emphasized the gradual contraction of

the operated lung over a period of time caused by the pulling over of the mediastinum on the operated side. He demonstrated x-rays of four patients from Arroyo Sanitarium who had submitted to the operation with apparent success.

Harold G. Trimble discussed the place of thoracoplasty in nontuberculous lung lesions. The indications for its use here are similar to those of the tuberculous group, but again it must be emphasized that thoracoplasty is not to be used as a primary, fundamental therapy, but only in that group of cases where other and simpler measures have been given an adequate trial. They may then be supplemented by such a surgical procedure. The types of cases are chronic lung abscesses, chronic empyema and bronchiectasis that is largely unilateral. The general handling may be illustrated by these cases: Case 1. M. C., Italian, aged 56. Has been under treatment for tertiary lues with associated luetic pulmonary fibrosis since 1921. Marked general improvement, but no change in lung fibrosis and Wassermann negative but once during this period. Following acute respiratory infection, lung abscess developed in left side deep at hilus region at level of angle of scapula with marked toxic symptoms and large quantity of sputum with foul odor. Odor so marked that patient must be kept in separate room, and even nurses were loath to be near him. Rest, creosote, postural drainage, salvarsan, and autogenous vaccine used without reducing amount and odor of sputum, though general condition improved over a period of four months. Thoracoplasty with resection of third to eleventh ribs gave reduction of sputum to 200 cc. in three days, and absence of any odor. Sputum cultures show continued presence of staphylococcus albus and nonhemolytic streptococcus. Patient demonstrated, noting good compression from operative procedure, and lack of noticeable deformity from the extensive resection. Has been at work for the past year and a half, as gardener, without discomfort. Sputum remains at 150 to 200 cc., odorless. Case 2. Case of bronchiectasis, largely unilateral, characterized by marked general toxicity, large amount of foul-smelling, purulent sputum and cyanosis from toxic cardiac embarrassment. Condition followed lung abscess from stab wound of chest. Several exacerbations during past four years. Under two months' bed rest and postural drainage, sufficient improvement to warrant operation. Thoracoplasty was performed in two stages. Marked improvement in general condition; cyanosis disappeared when toxicity was relieved. Sputum odorless, and averages 100 to 150 cc. daily. Patient doing carpenter work without discomfort. This procedure is not of universal application, and proper selection of cases and their adequate preparation is of paramount importance.

Dexter N. Richards in discussing the "Surgical Aspect of Thoracoplasty" called attention to the fact that when cases have been properly selected and have proper aftercare, and when in addition nature supplies them with an internal thoracoplasty, it would seem that the surgical technique has little to do with the final result. Local anesthesia combined with gas oxygen analgesia is the anesthetic of choice. The doctor does not attempt to remove the first rib, as shown by the x-ray, in every case; this applies to the nontubercular rather than the tubercular cases. In abscess, marked improvement may follow the first stage and may make a second stage unnecessary. In the patient shown here that was the case. Richards' procedure has been to start with the lower ribs, resecting from the tenth to the seventh inclusive, and under local anesthesia only. The second stage follows in from ten days to two weeks, and is done under combined local and gas analgesia. Occasionally reactions are very severe, with high pulse and cyanosis. Care should be taken in determining the patient's resistance, blood pressure being an index, and where there is any doubt a preliminary phrenicotomy may help in determining.

"The Modern Treatment of Toxemias of Pregnancy" was the title of a paper presented by Clarence A. DePuy. The principal points discussed were the prophylactic treatment of the toxemias in the latter months of pregnancy and some points in handling the patient during convulsions. He quoted Fitzgibbon as stating that any healthy primipara with normal kidneys will not develop toxemia if properly cared for during the course of her pregnancy. This consists of the regulation of diet, exercise, injection of water, and elimination. Some points of the curative treatment were also taken up, stating how the patient should be handled when first signs of toxemia appear; the treatment of moderate cases and the treatment of pre-eclamptic toxemia. He advised that attempts should be made to carry the patient over the thirty-seventh week of pregnancy, and then if necessary labor be induced preferably by means of the colon tube. Delivery by high forceps, forcible dilation of the cervix and vaginal Caesarean sections are relegated to the past, and the abdominal section is not recommended.

These papers were discussed by Daniel Crosby, Sumner Everingham, Clarence W. Page, and W. W. Cross. After the transaction of the business program, adjournment was taken to the refreshment hall and the usual social time enjoyed.

CONTRA COSTA COUNTY

Contra Costa County Medical Society (reported by S. N. Weil, secretary)—The April meeting of the Contra Costa County Medical Society was held on Saturday, April 24, at the offices of Doctors Abbott and Hely in Richmond. S. N. Weil presided in the absence of Doctor McCullough.

Dudley Smith of San Francisco gave a most interesting and instructive lecture, combined with lantern slides, on "The Value and Technique of the Rectal Examination."

It was unanimously voted to extend the Society's condolence to Doctor McCullough upon the recent death of his father.

J. T. Breneman of El Cerrito was elected an honorary member of the Society upon the motion of U. S. Abbott.

Those present were: Drs. U. S. Abbott, G. W. Bumgarner, H. J. Belgum, John Beard, H. L. Carpenter, W. E. Cunningham, D. Keser, E. R. Guinar, F. L. Horne, L. Hely, Rosa Powell, W. A. Rowell, H. Vestal, S. N. Weil, Mrs. Redman, R. N.

SACRAMENTO COUNTY

Sacramento Society for Medical Improvement (reported by Bert S. Thomas, secretary)—The April meeting took the form of a clinical evening at the County Hospital. President C. E. Schoff presided. The minutes of the last meeting were read and approved. There were no case reports other than those previously scheduled for the evening.

Scatena discussed two cases of typhoid fever, both of which showed three main features: First, an unusually long "septic type" swing to the temperature chart. This has been the peculiar experience of eight cases of typhoid at the County Hospital this year. Second, highly satisfactory weight maintained by the patients throughout the course of their illness under high caloric feeding; and third, the fact that neither of the Widal reactions were positive till the end of the third week. Scatena also presented two patients with auricular fibrillation. The purpose of the presentation of the patients was to discuss the relative merits of quinidine sulphate and other drugs in the therapeusis of this heart condition. Scatena believes the drug is of value when the fibrillation is comparatively new and when it is due to a general toxicity, or when it is of the paroxysmal type. However, the danger in the use of this drug does not warrant its choice over quinine sulphate or quinine hydrobromide. Scatena prefers the use of digitalis.

Beach discussed several cases of ureteral calculi and operative methods of approach.

Dunlap opened a discussion on peptic ulcer by presenting a series of x-rays taken before and after the surgical management of many cases. Bramhall discussed this subject by stressing the value of the medical management of such cases by the use of a proper Sippy diet. He said that a great number of patients are placed upon a Sippy diet without a constant checkup on the relative alkalinity of the stomach content. When this is properly followed up, the results of such treatment are very promising. Grazer inquired as to the value of co-ordinating urinary findings in these cases. This checkup is only of value where general alkalosis is present. Drysdale recounted Balfour's experience with this condition; many well-

defined peptic ulcers cannot be discovered by an external examination of the stomach. When an x-ray series in which he has the utmost confidence has shown a peptic ulcer, Balfour opens the stomach and inspects it from within. Drysdale was present at one such case. Zimmerman briefly discussed the x-ray findings.

The application of James A. Warburton was voted upon for membership. He was unanimously elected.

The Board of Directors reported the acceptance of the transfer applications of Orrin Cook and George S. Iki; both were transferred to our society from the San Francisco society.

Communications were received from Dr. John W. Green, secretary of the Solano County Medical Society, thanking us for the program presented at Vallejo on April 6, and from various presidents of the local Parent-Teacher associations, inviting the representative of the Society to their discussion of public health in the county. This meeting was held on April 10. The Society had instructed their representative, Doctor Schoff, to express its opinion as to the value of a full-time County Health Officer. After attendance at the meeting, Schoff thought the time not propitious to actively discuss this subject there.

The Banquet Committee reported a most successful banquet at the Country Club.

Soutar reported the desirability of twenty men volunteering their services for examining children of preschool age, these examinations to start on May 10. It was moved by Hale and seconded by Scatena, and carried, that any member wishing this type of work should turn in his name to the secretary.

The meeting adjourned to the usual wonderful dinner so kindly prepared by the host of the evening, Superintendent of the County Hospital, A. K. Dunlap.

SAN JOAQUIN COUNTY

San Joaquin County Medical Society (reported by Fred J. Conzelmann, secretary)—The stated meeting of the San Joaquin County Medical Society was held Thursday, May 6, 1926. at headquarters of the local Health Center, 129 South American Street. The meeting was called to order by R. T. McGurk, first vice-president. Thirty-one were in attendance: Drs. E. A. Arthur, J. W. Barnes, J. F. Blinn, H. J. Bolinger, C. A. Broaddus, H. S. Chapman, F. J. Conzelmann, J. F. Doughty, L. Dozier, C. F. English, F. T. Foard, Minerva Goodman, S. Hanson, J. P. Hull, G. H. LaBerge, Grace McCoskey, R. T. McGurk, W. T. McNeil, F. G. Maggs, F. S. Marnell, J. E. Nelson, D. F. Ray, G. H. Rohrbacher, J. J. Sippy, Margaret Smyth, Hudson Smythe, C. V. Thompson, G. J. J. Vischi, B. F. Walker, N. E. Williamson, and W. J. Kerr, Professor of Medicine, University of California, as guest and speaker of the evening.

The minutes of the previous meeting were read and approved.

The Admission Committee recommended R. A. Buchanan as a member for the Society; on this recommendation, and in accordance with the Constitution, the Chair declared Doctor Buchanan duly elected an active member of the Society.

A communication of the Stockton Medico-Dental Building, Inc., requesting that the Society name three members of the Society, who shall be tenants of the building, to serve on the House Committee, together with three dentists, was read. The function of the House Committee will be to assist in planning the club and library rooms, and to pass upon the eligibility of the tenants of the building. After discussion, the following action was taken:

B. F. Walker moved that the Chair be authorized to appoint a committee of three to serve on the House Committee of the Stockton Medico-Dental Building, Inc. The motion was seconded by C. A. Broaddus and carried.

The vice-president announced that he would not at this time name the committee, but would confer with the president about it.

Doctor McGurk gave a report as delegate of the Society to the meeting of the California Medical Association at Oakland, April 26 to May 1. Several other members who attended some meetings reported on various papers.

Doctor Sippy, District Health Officer, reported on the smallpox situation, mentioning also the hearty co-operation and wholesome attitude of business and professional people relative to vaccination.

The chairman introduced Doctor Kerr, Professor of Medicine at the University of California, who spoke on the subject "Treatment of Heart Disease." The doctor stated that the beginning of all treatment is diagnosis; it may, therefore, be well to consider first, some of the fundamental principles underlying the diagnosis of the many usual cardiac diseases. If one has a clear conception of these principles, the diagnosis of the individual case becomes comparatively easy. Kerr gave the following classification, which affords a most excellent basis for diagnosis and treatment of the individual patient:

1. Congenital heart lesions manifesting themselves early in life.
2. Rheumatic heart, following fever, St. Vitus dance, tonsillitis, etc.
3. Degenerative heart disease or atheromatous group or arteriosclerotic heart, involving vessels of heart, brain and other organs.
4. Such as are due to disturbance of cardiac innervation, thyrotoxicosis, pericarditis, etc.
5. The renal heart.
6. The syphilitic or luetic heart.

These diseases occur at different periods of life; the syphilitic heart occurs in the "forties"; the rheumatic heart in young adults between 20 and 30; the degenerative and renal heart occur in middle adult life; congenital heart occurs very early in life.

As to treatment, a slight cardiac enlargement or murmur does not mean that medication is necessary. Heart failure is that condition when the heart and bloodvessels cannot carry on the circulation. It is congestive heart when the heart muscle itself fails: here we have shortness of breath, heart pains, generalized stasis of all organs, including kidneys and edema everywhere. Prompt treatment in the congestive group is most important.

1. Bed rest; make patient comfortable; place in sitting position with back-rest or pillows; the bed should not be too soft; a board may be put across in front of patient so that patient can lean forward; he may sleep in that position. First two nights, morphine may be given; it is not dangerous unless there is hypertension or a tendency to Cheyne-Stokes breathing; remove fluid from chest.

2. Depletion; limit fluid intake; omit salt, tap abdomen. Epsom salts, one ounce each morning; be cautious about it. Sodium phosphates, calomel, blue mass or diuretics may be used. Know the indication for digitalis in irregular heart, etc.; know the strength and action of the drug and look for the physiological effects. Digitalis in small doses is of little use. It is safer and better to give the simple drug, the powdered leaves in capsule form, infusion or tincture, rather than the high-priced drugs. Always see your patient before you give the second dose; look for the toxic effects of digitalis. In milder cases, quinidin is of value with less rest, or definite time for rest. In degenerative heart diseases, small doses of digitalis may be given for long periods. In syphilitic hearts without involvement of aorta, arsenicals are not necessary; mercury is better. In early aortitis and aneurysm, salvarsan does most good. Syphilis is a great dilation; it widens the aortic arch and weakens the aortic wall. In angina pectoris it has recently been shown that pain is not an indication of the dilatation of the heart. Nitrites, diuretic, and the iodides are good therapy. Liver extracts are useful in hypertension. A Chinese drug allied to adrenalin increases blood pressure and, in contrast to adrenalin, maintains it for hours. It is useful in Addison's disease, and the low blood pressure of asthma, hayfever, and neurasthenia. Cardiac irregularities, as paroxysmal tachycardia where the whole heart beats rapidly and regularly, 160 to 270 per minute. In auricular flutter, the auricles beat 250 to 300 per minute; ventricles do not respond, and beat 125 to 150 per minute; heart may beat regularly or irregularly. In auricular fibrillation, the beats may be 600 to 900 per minute, and the ventricular beats 90 to 170; it is always irregular. All these cardiac irregularities may come on suddenly and stop suddenly. Quinidin and quinine are the drugs to use in these con-

ditions. Quinine 5 to 8 grains a day. It may also be given intravenously. Quinidin sulphate grains 3 by mouth if no untoward symptoms arise, such as quinism. It may be given up to 6 grains until attack stops. Quinine sulphate 2 grains and strychnine sulphate grains 1/30 capsules three times a day is excellent in auricular fibrillation; strychnine controls the extra systolic.

If goiter can be treated, the heart may become normal; other drugs useful in cardiac conditions are camphor, ether, and strophanthus.

A lively discussion followed and many questions were asked, which the doctor answered in a very instructive way.

The chairman introduced Dr. D. F. Ray, an old member of our Society, who read an interesting paper on the "American Heart Association." He encouraged the members to join it, to assist in the study of heart diseases and in the prevention of the same. All the members appreciated Doctor Ray's excellent paper, and Doctor Kerr in discussing the paper stated that he concurred in what the speaker had said and pointed out that the great purpose of the Heart Association was research to ascertain the causes of heart diseases and the prevention of the same.

There being no further business, Dozier moved that the Society adjourn. The motion was seconded and carried.

SANTA BARBARA COUNTY

Santa Barbara County Medical Society (reported by Alex. C. Soper, Jr., secretary) — The May meeting was held at Lompoc May 17 as the guests of the Lompoc Chamber of Commerce, the arrangements being in the hands of the local members of our society. Vice-President Henderson occupied the chair, and fifteen members, three interns, Dr. Thomas Shorkley of Carpinteria and Dr. Alec Harrison of the County Board of Health were present, as well as the three physicians from Los Angeles who made addresses.

The meeting was called to order at 4:25 p. m. in the Library Building; the minutes of the last previous meeting read, approved, and ordered filed, and the following addresses made:

"The Relation of Proctology to Other Branches of Medicine," by William H. Daniel, Los Angeles.

"Cosmetic Surgery and Medicine," by Herbert O. Bames, Los Angeles.

"The Role of the Corpus Luteum," by Michael Creamer, Los Angeles.

Discussion was participated in by Doctors Ullman, Lewis, Sansum, Jones, Cummings, and Bakewell.

By vote of the Society the sum of $100 was ordered sent to the Gorgas Memorial from our treasury, and the secretary-treasurer elected to the position of county representative of the fund.

Voting on new members resulted in the admission of Robert A. Hare and Edward L. Markthaler of Santa Barbara.

Correspondence was read from the Scientific Service Bureau of San Francisco, the San Francisco Polyclinic, the California Medical Association, regarding public health officers and the degree of Dr. P. H., and from the American Birth Control League offering the services of James F. Cooper for an address; in this last matter, after some discussion, it was voted to invite Doctor Cooper here if not too late for his scheduled tour.

At 6:30 the meeting duly adjourned, and the members proceeded to the Foresters Lodge Building where supper was served with the Chamber of Commerce, and the time spent in "stunts" and stories and singing until 9:30.

SISKIYOU COUNTY

Siskiyou County Medical Society (reported by S. S. Kalman, secretary)—The annual meeting of the Siskiyou County Medical Society was called to order by President C. C. Dickinson in the office of Charles Pius, Yreka, May 10, 1926. Minutes of previous meeting read and approved. Six were in attendance. Those present were: R. H. Heaney, C. W. Ankele, C. C. Dickinson, S. S. Kalman, F. B. Lucas, Charles Pius. Doctor Dickinson spoke on the usefulness of new drugs in general practice, which was discussed by the members present. The meeting accepted Dickinson's proposal regarding future educational program. Members will be notified in alphabetical order to present a paper on subjects of general interest in the coming meetings. Members will be notified what the subject will be, and everybody will be obliged to take part in the discussion.

TULARE COUNTY

Tulare County Medical Society (reported by H. G. Campbell, secretary)—The regular monthly meeting of the Tulare County Medical Society was held at Motley's Cafe in Visalia May 2, 1926, following dinner at 7 p. m.

The Society had present as guests the dentists of Tulare County, there being eighteen present. The following members attended the meeting: Doctors Lipson, Groesbeck, Bond, Tilletson, Weddle, Paine, Betts, Campbell, Preston, Ginsburg, and Banks.

The meeting was called to order at 8 o'clock by President Betts. He dispensed with the reading of the minutes of the last meeting.

Dr. Frank Simonton of the University of California Dental College was present, and spoke on the subject of "Pyorrhea." Following this the subject was informally discussed by all present.

This was certainly one of the most enjoyable and instructive meetings the Society has held for some time, and it was moved and unanimously carried that a vote of thanks be given Doctor Simonton for his address.

Meeting adjourned at 10 o'clock.

CHANGES IN MEMBERSHIP

New Members—Nolton N. Ashley, Charles E. Mooser, Charles C. Morison, Oakland; Frederick G. Clark, H. Robert Dykes, Taft; G. H. Armen, Harry B. Breitman, Walter H. Boyd, Robert H. Fagan, Hans H. Gerisch, Claude G. Greengo, Clarence C. Hopkirk, George F. Koetter, George Parrish, Louis Reinard, Maurice W. Rosenberg, Donald E. Ross, Alonzo N. Timon, Frances C. Turley, Hewitt A. Waggener, Olander E. Wald, Los Angeles; Harold F. Mowat, Wilmington; Arthur P. Stevenson, Torrance; Harrison M. Pierce, Riverside; William H. Rosenau, Banning; James A. Warburton, North Sacramento; Angeline Martine, San Diego; W. L. Garth, La Jolla; Mark A. Glaser, Frederick G. Linde, Masa A. Harada, Madeline T. Marlowe, San Francisco; Emily H. Emery, Vallejo; Hiram R. Palmer, Lindsay.

Transferred—Leslie F. Herrick, from Alameda County to Napa County.

George S. Iki, from San Francisco County to Sacramento County.

J. M. Scanland, from Napa County to San Francisco County.

Mark C. Myers, from Orange County to San Francisco County.

Deaths — Brownsill, Edith Sara. Died at Berkeley, April 26, 1926, age 54. Graduate of the University of California Medical School, 1904, and licensed in California the same year. Doctor Brownsill was a member of the Alameda County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Cross, Charles. Died at San Francisco, March 24, 1926, age 56. Graduate of Cooper Medical College, California, 1895, and licensed in California the same year. Doctor Cross was a member of San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Reily, John A. Died at Patton, May 14, 1926, age 51. Graduate of the Homeopathic Medical College of Missouri, 1898. Licensed in California in 1909. Doctor Reily was a member of the San Bernardino County Medical Society, the California Medical Association, and the American Medical Association.

Rose, John Montague. Died at San Francisco, April 19, 1926, age 58. Graduate of the College of Physicians and Surgeons, San Francisco, 1912, and licensed in California the same year. Doctor Rose was a member of the

San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Schafer, Augustus Francis. Died at San Francisco, April 29, 1926, age 62. Graduate of Bellevue Hospital Medical College, New York, 1887, and licensed in California the same year. Doctor Schafer was a member of Kern County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

GEORGE HENRY AIKEN

1845-1926

George Henry Aiken, M. D., died at his home, 315 North Van Ness Avenue, Fresno, California, April 12, 1926, at the ripe old age of 81 years, having been born January 6, 1845, at New Ipswich, New Hampshire.

He had been a resident of this city since 1891, and belonged to numerous organizations, including the Fresno County Medical Society, the British Gynecological Society of London, the San Jose Valley Medical Association, and the California State Medical Society, of which latter he was for many years a member of the governing council. As a member of the Council, he distinguished himself by his high ideals and Christian charity toward his erring brethren, and was deservedly popular with his fellow-members of the Council.

Doctor Aiken was also a member of Atlanta Post of the Grand Army of the Republic and United States Pension Examiner. He was a prominent member of the Masonic order and of the Fresno Commandery of Knights Templar. For over twenty-five years he was local consulting surgeon of the Santa Fe Railroad.

As a boy of 9 years he began to earn his own living, and at the age of 12 years he decided to become a physician. Later on, and before entering medical college, he insured his life in order to borrow money to meet his expenses in acquiring his medical training, and in 1866 he began the study of his chosen profession, finally taking his degree in Medicine at the College of Physicians and Surgeons (Medical Department of Columbia University), New York, in 1869.

He had previously joined the medical corps of the Tenth New Hampshire Volunteers, in which he served throughout the Civil War. His two brothers, members of the same regiment, were killed in battle. When Richmond fell before the victorious Federal troops he was among the first to enter that city on the memorable April 3, 1865.

Doctor Aiken began the practice of medicine in New York City in 1871, but after a failure of his health he moved to Jackson County, southern Oregon, where he remained until 1887 in the active country practice that fell to his lot. In this year he went East and took a post-graduate course in New York City, but not being satisfied with his accomplishments he went on to London, where he spent another year in medical and surgical work and study. Returning to the United States in 1888, he came on to California and located and entered the practice of his profession at Oakland. He remained in Oakland for about three years, at the end of which time in 1891 he removed to Fresno, in which place he lived until death claimed him.

One of his contributions to the welfare of Fresno was the establishment of sanitary regulations in the dairies supplying milk and cream to the city of Fresno. To Doctor Aiken, more than to any other man, is due the credit of giving to Fresno "Grade A" milk, which has proved an untold boon of health to our thousands of children. For a number of years, while he was secretary and executive officer of the city Board of Health, he labored, in season and out of season, against the ignorance and prejudices and cupidity of the producers of milk as no man has labored before or since. He seemed even to be the only man on the health board who realized the great importance of the work he was engaged in. Coincident with the adoption of his regulations of the dairies by the health authorities, there was shown a marked decline in the prevalence of infantile intestinal diseases in the vital statistics of this reporting area. And at the last day when "the books are opened" there will be hundreds, yes, thousands, of Fresno's children rise up to bless Doctor Aiken for the crowning work of his life. And, indeed, it was the crowning of his life's work. He was at work in the health office at the time of his physical collapse. He resigned his place on the health body, closed his private office and retired to await the end, which came a few short years after he ceased activities.

Doctor Aiken's popularity among the members of his profession, locally and throughout the state, was well deserved. He was distinctly a high-class citizen who stood for the best in life not only in his profession but in the civic life of his community, the state, and the nation.

His remains were laid to rest in the Fresno mausoleum in Mount View Cemetery, April 14, 1926.

He is survived by his wife, Mrs. Ida M. Aiken of Fresno, and a daughter, Mrs. True Aiken Stern of Los Angeles.

ALBERT C. ZAISER

1873-1926

To the Officers and Members of the Orange County Medical Association:

Again the hand of death has laid low an esteemed member, Albert C. Zaiser, a victim of apoplexy, after suffering three years with paralysis. He died April 4, 1926, aged 53 years.

In 1920 Doctor Zaiser came to Santa Ana from Burlington, Iowa, in the very prime of his manhood, a surgeon of ripe experiences and splendid ability. From the hour of his coming his success was assured, but scarcely three years passed before his professional career was terminated. Although he was with us but a short time he won the respect and admiration of his associates. We therefore submit the following resolutions and a brief sketch of his life, with the request that they be made a part of the minutes of the Association and a copy of the same be sent to his family:

Albert Charles Zaiser, M. D., Santa Ana, California. Born, Burlington, Iowa, May 18, 1873. Died April 4, 1926. Education: High School, Burlington, Iowa; Orchard City Business College. Then clerked in a wholesale drug house, 1890-93. Studied pharmacy Iowa State University, Ph. G., 1895; Medicine, Omaha, one year, and St. Louis College Physicians and Surgeons until graduation, M. D., 1896. In practice in Burlington, Iowa, from graduation to 1920, when he came to Santa Ana. Practice limited to surgery. In 1923 ill health compelled him to retire from practice. California certificate, 1920. Admitted O. C. M. A., 1920. Also member California Medical Association and Fellow of the American Medical Association. Mason. Methodist. Married Grace Melcher January 1, 1901. One son.

RESOLVED, First, that the members of the Orange County Medical Association, of which the deceased was a member, sincerely mourn his death.

RESOLVED, Second, that the sympathies of all the members of the Association are hereby extended to the wife, son, and other members of the family of our respected colleague.

The general practitioner, whose field covers more or less the entire scope of medical work, is in no branch so profound or erudite as his confrère the specialist. One of his important functions in treating disease is to know his own limitations, and to recognize as early as possible when and where he needs help; then to secure it. His intellectual capacity, indeed his intellectual achievement, is often as great as, if not actually greater, than that of the man whom he summons for counsel. His importance to the patient should be greater without question. Nevertheless, too frequently the specialist approaches him with the air of a deity descending from Olympic heights to converse with a mere mortal.—Journal Medical Society, New Jersey.

Imagination adds value only when it conforms to the nature of things. When it seeks easy consolation in delusions it shirks the only possible mastery of life, which is through the conquest of reality.—Antioch Notes.

UTAH STATE MEDICAL ASSOCIATION

J. U. GIESY, M. D., Kearns Building, Salt Lake,
Associate Editor for Utah

THE ANNUAL MEETING

By the time this is in print the 1926 State Association meeting will be history, and one trusts that it will linger in the minds of those who attended as a pleasurable event.

Once more our thanks must go to the University of Utah for furnishing Stewart Hall as the lecture auditorium for the major part of the program, and to the visiting lecturers who helped to make it the success it was.

The best part of these meetings, of course, is the get-together spirit they develop, and the resultant stimulation of the spirit of study and research. Sitting under the discourses of men of proven ability, grasping so far as one may the facts and theories which they voice for our consideration, one can scarcely fail to feel his interest quicken, his ambition of emulation awake, or to experience a little thrill of pride in the demonstration of the progress being made by those who devote their lives to the betterment of the healing art.

Such things as these and the meeting of old friends, the renewing of old associations, the friendly handclasp, and the cheery word, make of such annual meetings very enjoyable occasions indeed. For "It's always fair weather when good fellows get together"; and, of course, there was the banquet.

Utah News (reported by J. U. Giesy)—The medical men of the state extend their sympathy to President T. C. Gibson of the State Association in the death of his brother in California during April.

Dr. L. P. Bell of the Woodland Clinic, California, gave a talk on the subject of "Obstructive Jaundice" before the Wasatch Academy of Medicine on the night of Wednesday, May 5. Bell was also a lecturer at the annual session May 6, 7, 8.

During the state meeting Mrs. T. C. Gibson, wife of the retiring president, entertained the ladies of the auxiliary and the visiting ladies at tea in the president's suite at the Hotel Utah. The rooms were beautifully decorated in native tulips, and refreshments were of a novel type. Mrs. Gibson was assisted by a corps of assistant hostesses from local physicians' families.

Banquet Chop Suey

Dr. Munyon (you know what I mean if you were there).—A little gargle now and then is relished by the best of men.

Dr. Wells, Chicago—I refuse to *monkey* with the interstitial glands. Anyway there is no safety in Chicago.

Dr. Galligan—"C'est dommage"—means "So's your old man." Ain't it a pity?

Dr. Jacobson, Chicago—Relax.

Major S. C. Gurney—I've ridden with the Prince of Wales *off* and on.

Dr. William (Bill) Donohur—My niblick for an—alibi.

Dr. John Sharp—A few cutting remarks.

Dr. Smith, Ogden (president-elect)—I am in the hands of my friends.

Dr. Coffey, Portland—I can—cer (can sir).

Dr. Tiffin, Portland—The race is now between the appendix and the thyroid. Nobody wants it to be a dead heat.

Dr. Jellison—A mashie is an instrument used after a man has lost his ability as a masher.

On April 28 the Advisory Committee to the University of Utah Medical School met at the university on the call of Chairman Goeltz for the purpose of making its annual inspection of the medical department of the university. Under the guidance of Dean Porter, a tour of the medical school was made and each department carefully inspected. Great improvement in the condition of the school both as to facilities for instruction and increased teaching staff was noted as compared with the previous year. The recent innovation in the department of anatomy of using compressed air as a means of demonstrating the various tissue planes and the hollow viscera proved of interest to the committee, as did the pharmacology laboratory in which they witnessed classes at work on animal experiments. Luncheon was served at noon and was followed by a discussion of the inspection of the morning. It was decided that, although conditions of the medical school as a whole were greatly in advance of last year and showed a gratifying result for the unceasing work of Dean Porter in his efforts to build up this part of the state institution, there was still need of a greater financial support for this department and that a report stressing this fact should be made to the House of Delegates of the State Medical Association, with a recommendation that steps should be taken to seek a greater financial appropriation from the next Legislature.

Salt Lake County Medical Society—Abstract of report of the Committee on Public Health Legislation:

On January 10, 1926, your committee, together with the committee of the Utah Public Health Association, and Mr. James H. Wallis, secretary of the Utah Public Health Association, met at the office of the chairman. Drs. H. G. Merrill, Heber J. Sears, L. E. Kiko and Mr. James H. Wallis, each one in turn, explained to us the objects and workings, in detail, of the association, both in Salt Lake City and the state of Utah. At that meeting we had a stenographer present who took notes and a transcribed copy of the minutes was given to Dr. T. B. Beatty, secretary of the State Board of Health, who was requested to report in writing his explanation of the statements made and anything else he felt the committee should know.

On January 24 we met with Mr. George D. Keyser, president of the Utah Public Health Association, with whom we discussed the subject in general, and were invited to confer with Mr. Keyser and the secretary of the Utah Public Health Association at the association's office in the Capitol Building at 7:30 p. m., January 25. At that conference we met Dr. Herbert R. Edwards, medical field secretary of the National Tuberculosis Association, who informed us that he was here for the purpose of investigating the Utah Public Health Association, and also to map out a five-year program for the association. Mr. Keyser and his secretary were very courteous, and showed us books, checks, vouchers, with all reports, and in every way assisted us in learning the details of the association. We are not public accountants, neither are we expert bookkeepers, but we learned enough to satisfy ourselves that the finances of the association are being well guarded at this time and that no money can be spent without checks being countersigned by Mr. Keyser, who introduced a budget system in June, 1925, since which time advertising for bids for any and all supplies has been required.

From our examination and the knowledge we have gained since beginning this investigation, we feel convinced that everyone connected in any manner with the Utah Public Health Association is enthusiastic and active in his work.

The further we went in this examination the more we learned that our work could not be confined to Salt Lake County but that it necessitated our taking in the state of Utah, together with information to be obtained from the entire United States.

On January 28 we sent a letter of inquiry to forty Utah physicians, excluding Logan, Ogden, Salt Lake, and Provo.

From the replies received we learned that there was

much chaos and misunderstanding between physicians and the public in reference to public health lectures and work in our state. We learned that the secretary of the State Board of Health, the Utah Public Health Association, the Utah Agricultural College, C. N. Jensen, State Superintendent of Public Instruction, and many others were very active in teaching or attempting to teach health to the public. In order to ascertain how much of this work was being performed by other organized agencies of the state of Utah besides the State Board of Health, we sent another letter of inquiry to C. N. Jensen, State Superintendent of Public Instruction; Dr. George Thomas, president of the University of Utah; and Dr. E. G. Peterson, president of the Utah Agricultural College.

The reply from the Utah Agricultural College, signed Vera Carlson, secretary to the president, stated: "The health program as conducted by the Extension Service is directed at the building of positive health in the family group through proper food, clothing, sanitation, mental attitude, and recreation. Their work takes nothing of the clinic, diagnostic and curative phases. They follow closely outlines as given by the National Women's Foundation for Health and use the publications of the United States Department of Agriculture in its national extension program."

From other letters received by the committee we are reliably informed that the Utah Agricultural College has nurses in the field doing public health work not under the supervision of the State Board of Health.

The taxpayers of the state are groaning under the heavy burden which they carry. Your committee fails to see why the Agricultural College does not confine itself to its own peculiar problems as an agricultural college and leave the problems of public health to the regularly constituted health department of the state.

Superintendent C. N. Jensen in his reply to our letter stated that the following resolution had been passed by the Utah State Board of Education:

"That the public schools of the state place greater emphasis on health education and that wherever possible boards of education employ school nurses."

He further stated that "districts which employ nurses are receiving much-needed help; districts which are not employing nurses, through lack of funds or otherwise, are being deprived of that aid which would make much more effective the health work in their schools."

Your committee recommends for your consideration that these nurses be selected only on the approval of and be directed in co-operation with the State Board of Health.

President George Thomas, University of Utah, in his reply stated: "Since June, 1925, we have not done any regular state health work. We thought for the time being it was better to take the money devoted to public health and strengthen up our medical school."

About three years ago Doctor Thomas appeared before the profession and asked for their assistance and support. The president of the Utah State Medical Association appointed a committee known as "The Advisory Committee" to the medical department, University of Utah, and the succeeding presidents have continued this committee. From this contact Doctor Thomas acquired a better knowledge of the medical viewpoint and their reason for opposing the volunteer health work which was being carried out by the extension department of the University of Utah. The committee desires at this time to commend Doctor Thomas for his efforts and co-operation, and bespeak for him its continued support.

The Utah Public Health Association has four nurses in the field who are stationed at specified places and give health instruction. They receive their salary from three combined sources: the Utah Public Health Association, the local School Board, and County Commissioners, each paying one-third. The Utah Public Health Association directs the work.

The Utah Public Health Association has a secretary who receives a salary of $3000 a year and expenses when in the field; also a man who drives the truck, shows moving-pictures and gives lectures, and who receives a salary of $1500 annually and expenses. The secretary is in the field a large part of his time. The man who drives the truck and shows the moving-pictures is in the field practically all the time. They have a secretary and an assistant in the office at the Capitol and the four part-time school nurses in the field.

The Utah Public Health Association does not confine its work to tuberculosis but gives instruction, so they state, in general health matters. They distribute, pamphlets and literature on the subject to school children, distribute cards which are known as "The Modern Health Crusade," and give them general advice. The children report at regular stated intervals to show they have carried out these instructions. The brushing of teeth is stressed and they are scored according to replies made to questions, and are given honorable mention in public according to merits.

From the February issue of CALIFORNIA AND WESTERN MEDICINE under the caption "With the Editor" we glean the following:

"One toothbrush to each three persons (35,000,000) was sold in the United States last year. Allowing for the reasonable allotment of three brushes a year, it would seem that at most some 10 per cent of our people use toothbrushes. Aside from the question of the health virtues of the toothbrush, the fact that all the active propaganda almost every agency of society could put forth induced only 10 per cent of the population to practice a cheap, simple habit of cleanliness, makes one wonder about the effectiveness of much of the health education just now so popular."

From our conversations with Doctor Edwards and from the replies received to our letters addressed to the secretaries of state boards of health and secretaries of tuberculosis associations, we find that in some states there is complete co-operation. In certain instances the secretary of the State Board of Health is also the secretary or at the head of their State Tuberculosis or Public Health Association, resulting in complete harmony. In many other states this co-operation and harmony does not exist.

In the Journal of American Medical Association, February 20, 1926, page 562, Doctor Williams, managing director National Tuberculosis Association, announced February 12, 1926:

" . . . that the recent sale of Christmas seals totaled $4,750,000. The anti-tuberculosis campaign this year will *emphasize closer co-operation between voluntary* tuberculosis agencies and *official* agencies. The annual business meeting of the state secretaries, at which this announcement was made, was held in Chicago."

From Williams' own statement herein contained you will notice that co-operation between voluntary tuberculosis agencies and official agencies does not exist to the saturation point or to the point desired by Williams.

In three Utah counties the State Board of Health has established so-called health units. These health units consist of a full-time health officer, a full-time public health nurse, and in one county a staff of inspectors. If one city or county cannot encompass the financial part, the State Health Commissioner endeavors to combine two or more. If it is a question of finances, assistance is procured from the Internal Health Board, a branch of the Rockefeller Foundation.

From the replies received from the physicians in Utah we learned that the name "Utah Public Health Association" causes much confusion. The name simulates "Utah Board of Health" so closely that members of the medical profession do not appear to know the difference when one or the other is in the field. One of our committee has criticized the State Board of Health for not having a special uniform for all of their assistants, thus making it possible for people to recognize when organized health authorities of the state are in their midst and distinguish them from volunteer organizations.

Any person who has held a public office for a period of years has made political enemies, for the reason that if anyone has a pet idea and the official does not fall in with the idea it is thought that he does not understand his business, and the secretary of the State Board of Health is no exception to the rule.

The committee has had a number of meetings with our State Health Commissioner, and thus received an intimate knowledge of the present objects and aims of the State Board of Health. We feel that if the members of

our profession should become better acquainted with the workings of the State Board of Health the result will be with all of you as it has been with us: there would be more whole-hearted support, for they are doing a fine work. As it is, they are being hampered at every turn by one or the other of these voluntary health organizations. It appears from our investigation that there is some complaint of friction in the contact between voluntary organizations and the State Board of Health. We are not included to pass upon the merit of such complaints. If, as a matter of fact, there be friction, it could probably be eliminated by having the contact work carried on by committees representing the voluntary organization on the one hand and the State Board of Health on the other.

The Utah Public Health Association states that its work is entirely educational. It is very difficult to measure the results of such work, just as it is difficult for a firm to measure how much benefit they derive from a particular piece of advertising. The association collects annually upward of $20,000 in Utah. On two occasions they collected $27,000. This money is, as far as we can learn, spent each year. A public accountant might segregate the expenses and show how much in his opinion is overhead and how much is for seals, how much for other expenses, but to us it appears, from our way of figuring, that it is all overhead. They spend all they collect each year.

In 1923 former Governor Mabey appointed an impartial committee to investigate health activities in the state of Utah. This committee was made up of Lincoln G. Kelly, a certified public accountant; former State Senator Carl A. Badger; and Dr. B. W. Black of the United States Veterans' Bureau. After making a thorough investigation of these conditions, under date of February 7, 1923, they made the following recommendations:

1. That all public health activities now being performed by the Department of Agriculture be placed under the direct administration of the State Board of Health.

2. While it is clearly the function of the State Board of Education to provide for the instruction of health education to children of school age, it is felt that the maintenance and preserving of the health of the child and the responsibility for health conditions in the schools should rest with the State Board of Health as now provided by law.

3. All public health activities undertaken by the State University and the Utah Agricultural College should be undertaken only upon approval in co-operation with the State Board of Health, and if necessary to provide for this approval, legislation should be enacted to cover same.

4. All volunteer organizations whose activities are devoted to public health work should function in co-operation with or under the direction of the State Board of Health.

In our state where the legislature is not in a position to appropriate sufficient funds for the carrying out of an elaborate health program such as conditions of society today require, we feel there is room for such an organization as the Utah Public Health Association.

From our correspondence your committee feels that the money received from the sale of Christmas seals is not expended to the best advantage to the citizens of Utah. We are of the opinion that all field work by the Utah Public Health Association as now being conducted should be discontinued, and that the money being expended for field work should be used, after full discussion and co-operation with the State Board of Health, in such manner as will do the greatest good.

We, your committee, recognize the value of volunteer health organization work and are not disposed to discourage it as such. We recommend that all voluntary health organizations in this state should be supplementary to the legally constituted State Board of Health, and that they should work in co-operation with and under the direction of the State Board of Health, that the funds which they receive through the sale of seals or other sources should supplement the funds appropriated for health work by the State Legislature.

Until such time as this can be consummated, we recommend that the medical profession withhold their moral and financial support to any and all volunteer health agencies.

Committee: Sol G. Kahn, chairman; John Z. Brown; C. M. Benedict, secretary.

Read April 26, 1926.

The following officers were elected for the ensuing year: John Zimmerman Brown, president; Frank Lowe, vice-president; Nymphus Hicken, secretary-treasurer.

Salt Lake County Medical Society (reported by M. M. Critchlow, secretary).

Meeting of April 26, 1926—The regular meeting of the Salt Lake County Medical Society was held at the Commercial Club, Salt Lake City, Monday, April 26, 1926, President F. H. Raley, presiding. Sixty-three members and six visitors were present.

Minutes of the previous meeting were read and accepted without correction.

C. W. Middleton presented a case of scoliosis of the dorsal spine treated by body cast.

L. N. Ossman presented a case of suppuration of knee-joint following shrapnel wound with perfect results.

The first paper on the scientific program entitled "Diagnosis of Peptic Ulcer" was read by Fuller B. Bailey. He stressed the history, laboratory findings, and examination, with the idea of making the diagnosis before x-ray examination.

This excellent paper was discussed by John W. Sugden, G. G. Richards, and J. P. Kerby.

Burton W. Musser talked about the Community Chest for ten minutes.

LeGrande Wooley read a paper on "Heart Disease as a Complication of Pregnancy." This paper was based on his own series of cases. He urged very careful treatment in pregnant heart cases.

This very interesting paper was discussed by R. T. Woolsey.

J. C. Stokes of Bountiful was unanimously elected to membership in the Society, thirty-seven members voting.

A communication was read from the American Medical Association suggesting that Senator King be requested to disapprove the bill before the House of Representatives which would prevent animal experimentation.

Sol G. Kahn moved that a committee of three be appointed to urge Senator King to not support this bill. Seconded and carried.

President Raley appointed S. D. Calonge chairman of the committee, and W. F. Beer and A. A. Kerr the other members.

Sol G. Kahn read the report of the Committee on Public Health and Legislation, in which it was recommended that all voluntary health organizations should be supplementary to the State Board of Health, and until this can be consummated that the medical profession withhold their support from any and all volunteer health agencies.

Sol G. Kahn moved the adoption of the report. Seconded by John Z. Brown. Discussed by W. F. Ber, W. R. Calderwood, A. A. Kerr, and L. N. Ossman. Motion was carried.

C. M. Benedict announced changing the date of the medical banquet.

Meeting of May 10, 1926—This meeting was held at the Commercial Club, Salt Lake City, and was called to order by President F. H. Raley, with thirty-eight members and three visitors present.

Minutes of the previous meeting were read and accepted after being questioned by D. G. Edmonds.

There were no clinical cases.

The scientific program comprised a symposium on "The Chronic Rheumatic." Etiology was very thoroughly discussed by Frank D. Spencer. W. R. Tyndale took up the diagnosis and illustrated his points by lantern slides and x-ray films. C. L. Shields described the treatment. These three men made the symposium extremely interesting.

The papers were discussed by James P. Kerby, A. A. Kerr, G. N. Pace, and L. E. Viko.

The secretary read the applications for membership of L. E. Growney, Thomas J. Welsh, A. N. Leonard,

C. Ralph Cornwall, and the application for transfer from Utah County of O. Sundwall.

President Raley read a communication from Stuart Pritchard of the Battle Creek Sanitarium who has done special work on bronchiectasis, and who would be in Salt Lake City on May 28. He announced that a special meeting would be held on that date.

Immunization Against Diphtheria—It has been found that soaps—chiefly of the unsaturated fatty acids—and preferably sodium ricinoleate, detoxify bacterial toxins, with the exception of botulinic toxin, and that such soap-toxin mixtures are antigenic. Having found that experimental animals, as rabbits and guinea-pigs, may be immunized with such detoxified toxins, W. P. Larson and Howard Eder, Minneapolis, tried them on human subjects. It was found that solutions of highly purified sodium recinoleate caused no reaction other than a slight burning sensation at the point of injection, which lasted only a few seconds. Diphtheria toxin-soap mixtures were then injected into a group of laboratory workers who had been found to be Schick positive, each subject receiving 0.125 L + toxin in a 1 per cent soap solution in a total volume of 1 cc. The injections were followed by a mild local reaction, which followed the course of an ordinary positive Schick test. Later, 2 per cent soap solutions were used and the injection was made intramuscularly; in this way, the reactions have been eliminated. The use of sodium ricinoleate as the detoxifying agent eliminates the danger of sensitization to foreign substances, since it is not antigenic. Whatever the technic of antidiphtheritic vaccination may be, it is imperative that the injections cause little or no reaction. The sodium ricinoleate method of modifying the toxin is equal to antitoxin in this respect. After having satisfied themselves that diphtheritic toxin-soap was fully equal to, and in many respects superior to, toxin-antitoxin as an immunizing agent, Larson and Eder felt that they should thoroughly investigate the possibility of immunizing with one treatment and, further, to determine the optimal interval between treatments for the best results, should repeated injections seem necessary. In one group, immunity developed in 38.5 per cent of cases within five weeks following one injection. In another group, 66.6 per cent became negative to the skin test in eight weeks. This was undoubtedly a particularly favorable group, since only 52 per cent of a larger group gave a negative test after twelve weeks. However, the fact that a 1 per cent soap solution was used instead of a 2 per cent may be a factor. Repeating the number of injections does not seem to increase the number of negative skin tests within the first twelve week period. Out of a group of twenty-three subjects given two injections at an interval of seven days, only 47.8 per cent gave negative tests twelve weeks from the time they received the first treatment. Retests which are now under way indicate that the percentages of negative skin tests will be very much higher at the end of the six-month period. On the basis of these results, the authors do not hesitate to recommend the sodium ricinoleate method as safe and effective in immunizing against diphtheria.

The theory that the end products of protein catabolism are renal irritants and by relieving the kidney of the necessity of excreting these products the organ is rested, has been one of the principal reasons why protein has been so restricted in nephritic diets. In addition to this the production of nephritis in rabbits by diets containing excessive amounts of protein has been interpreted as a support of this theory. In recent literature, however, there is an indication that many internists are beginning to believe that the restriction of protein in the treatment of renal diseases has been carried to an extreme that is not adequately justified.—International Medical Digest, April, 1926.

An enterprising gum manufacturer has added iodin to gum, presumably with the idea of giving the gum-chewing damsel with goiter an opportunity of obtaining treatment in an agreeable way.—Journal Indiana Medical Association.

MEDICAL, HEALTH AND HEALTH AGENCY NEWS

The Dean of Stanford University Medical School has announced the appointment of Arthur L. Bloomfield of Johns Hopkins as Professor of Medicine, effective with the beginning of the year 1926-27.

The tenth annual meeting Pacific Division, American Association for the Advancement of Science will be held at Mills College, California, June 16 to 19, 1926. Persons interested should address W. W. Sargent, secretary, Golden Gate Park, San Francisco.

James T. Watkins, M. D., of San Francisco became

president of the American Orthopedic Association at the recent session of that organization in Atlanta.

The Federated Women's Clubs of California continue active in efforts to improve county hospitals. At the annual meeting recently held in Riverside, reports showed that some counties were adding children's departments to their hospitals.

This is exceedingly important work. Many of the county hospitals do not even deserve the name. In buildings, equipment, organization, and methods of conduct several of them are obsolete. More power to the Federation in its efforts at improvements.

That invitation to doctors to subscribe to a lecture course offered by the Extension Division of a great university and delivered by nonmedically trained teachers on nutrition in health and disease, is causing some interesting comment.

The course is to consist of fifteen hours of instruction, will make a survey of the scientific fundamentals of nutrition, particularly the more recent theories and evidence, with applications to the feeding of infants and children, pregnant and nursing women, fever patients, nephritics, diabetics, and other sick persons for whom dietetic care is indicated.

A committee of American Association of University Professors has drawn up a striking indictment of the game of football, which contains most of the familiar charges against this much discussed activity. Distortion of values, destruction of interest in academic prestige, encouragement of drinking and gambling, are some of the things for which football is held responsible. The only remedies offered are the suggestions that students be limited to one year's play in the course of their college career, and that the number of games with outside institutions be radically reduced.

It is possible that some of the indictments drawn

against football ought to have a broader target. The adulation of physical achievement, hysterical enthusiasm, misplaced emphasis, and unbalanced rewards are to be found in almost every phase of human activity. Perhaps it is not football that should be put on trial, but the human race.—The Outlook.

The perennial political row over the alleged shortcomings of the Fresno County Hospital is again in full bloom. Newspapers are featuring various and sundry stories, and the grand jury is said to be using a "probe."

Fresno County has an able and experienced hospital executive, and he has already served longer than most capable administrators stay in hospitals controlled by county politics. The Fresno hospital is one of the few county institutions to attain recognition by the great medical and hospital organizations.

"Probes" in the hands of people not familiar with the complex problems of hospitals are dangerous weapons; liable to injure the patient and sure to cripple public confidence in a worthwhile humanitarian service.

St. Joseph's Hospital staff, San Francisco, observed "Hospital Day" on May 12 with an interesting program. T. D. Bodkin outlined a case of mitral disease with acute dilatation, and later spoke on "Types of Splenomegaly," describing a patient operated upon with an immense spleen, and a history suggesting malaria, where a probable primary sarcoma (unremovable) was encountered. Samuel Barmak reported cases of pneumonia, induced abortion, secondary anemia, gastric carcinoma, and fracture of skull. W. T. Cummins gave "Echoes of the Medical Conventions," reviewing as follows the annual meetings of the American Society of Clinical Pathologists at Dallas and the State Medical Association at Oakland:

Sickle cell anemia is not rare in the South. A photographic method for recording blood cells was described, and the irrefutable evidence so presented was stressed. The importance of the consideration of normal sugars in urine and of the technics, as well as the exogenous sources of these, were reviewed. A starch-tolerance meal instead of sugar was urged. Frozen section technics should be supplemented by the longer paraffin technics for corroborative diagnoses. The integration of hospital laboratory work embraced an earnest plea for greater co-operation and for the clinician to learn more about laboratory medicine. A study of the x-ray treatment of amebiasis eventuated in moderately beneficial results. A comparison of the Kolmer and Kahn technics showed that the latter does not supersede the former, but that both blood serum tests should be used.

At the state meeting the advantages of the cerebrospinal use of lipiodol were noted in tumors of the cord. The use of emetin in chronic arthritis was recommended with caution in its administration. Acidosis-inducing diets were urged for epileptics. Agranulocytic angina with marked leukopenia and depression of the polymorphonuclears was observed in teeth extraction. Arteriosclerosis in rabbits was induced by diets rich in amido-acids.

Discussing amebiasis, Otto Laist reported but little pain with emetin injections where small doses were used, but G. D. Schoonmaker urged against these insufficient amounts. A. S. Musante discussed abdominal drainage, favoring rubber tubes in appendicitis with rupture before or during operation and cholecystectomy. Aspiration of acute empyemas and approximation of parietal and pulmonary pleurae later were advised. Perinephritis from boils was treated with drainage and sufficed usually.

The program for June 9 follows: "Interesting Points Concerning Neuroses Following Injuries," Joseph Catton; "Recent Results with Mercurochrome," William Quinn, hospital report, including mortalities and collation.

St. Francis Hospital, San Francisco, has New Managing Director—Dr. L. B. Rogers, who has been appointed to this position, received his M. D. from New York University and Bellevue Hospital Medical College, 1905. Graduate study: Intern Bellevue Hospital, New York City, 1905-07. Intern Women's Hospital, New York City, 1907-08. Practice limited to hospital planning, construction, and administration. Previous honors and services: In September, 1914, assisted in planning and organizing the American Ambulance in Paris; attending surgeon there from September, 1914, till February, 1915. From February, 1915, to September, 1915, was with the Serbian government in hospital work during the typhus epidemic of 1915. Regimental Surgeon of the Sixty-fourth Infantry, Seventh Division, and served with troops during the Meuse-Argonne offensive and the Saint Mihiel drive. Assistant Division Surgeon and Acting Division Surgeon, Seventh Division. Chief Medical Adviser in Bureau of War Risk Insurance in 1919. District Manager Veterans' Bureau in 1921. Executive Officer and Assistant Director Veterans' Bureau, 1922-23. Medical Director Veterans' Bureau, 1923-24. Commanding Officer United States Veterans' Hospital, New Haven, Connecticut, 1925. Organizations: Bellevue Hospital Society and Woman's Hospital Society, New York; New Haven County Medical Society; Connecticut Medical Society; American Medical Association; American Public Health Association; American Hospital Association.

The French Hospital of San Francisco has recently issued an attractive annual report which contains much information interesting to hospital workers.

Children's Hospital, San Francisco—The graduating exercises of the School of Nursing, class of 1926, took place on the evening of Tuesday, May 18, at the Fairmont Hotel, and was an occasion of unusual interest, as occurring in the fiftieth anniversary year of the founding of the School of Nursing of this old institution so full of tradition and of valued associations for the people of San Francisco in whose hearts the hospital, with its "Little Jim" ward and other interesting departments, has so long held a very warm place.

The evening in the beautifully lighted ballroom of the Hotel Fairmont was brilliant, and the program of exercises an entertaining one. First came the march by the hotel orchestra followed by the invocation pronounced by the Rev. E. N. Van Nuys. A group of songs was then well rendered by Mr. Harold Dana, and the address to the graduating class, given by Miss Mary L. Bently.

J. B. Cutter, director of the hospital, then led the graduating class in the acceptance of the Florence Nightingale Pledge, which was followed by the awarding of diplomas by the vice-president of the Children's Hospital, Mrs. Henry Sahlein.

The presentation of the class pins by the superintendent of the School of Nursing was a pretty ceremony gracefully presided over by Ada Boye, R. N., and the exercises closed with the rendition of a fine musical offering by the Fairmont orchestra.

The following young ladies who have completed their training at the Hospital for Children and Training School for Nurses composed the graduating class who with their friends enjoyed the remainder of the evening in dancing:

Edna Lucretia Bailey, Mildred B. De Armond, Helen M. Duffee, Mary J. Gate, Josephine Lillian Handelin, Edith M. Kerchenfaut, Dorothy Grace Simpson, Dorothy Rose Brooke, Marjory Elizabeth Cathcart, Ione Renvy Glass, Charlotte Grossman, Mae Eugenia Kelley, Florence Evelyn Sorsoli, Grace M. Stahley, Virginia Elizabeth Standley, Olga W. Swanson, Gertrude M. Trank, Sadie Alice Whitehead.

The calling of the first national adult weight conference under the combined auspices of the American Medical Association and the "Delineator" was an interesting movement in the popularization of health for the masses.

A number of prominent physicians and publishers took an active part in the congress, and its results will be published by the "Delineator" from month to month. Here for the first time a great organization of physicians and a popular magazine with millions of subscribers have combined to put over a health program authoritatively so that all who can read may understand.

A little more cultivation of this idea and it will soon be more difficult for the hundreds of thousands who are

making a living out of weight reducing to find audiences of such magnitude.

It is quite likely that there will be other combined conferences on other phases of health between medical authorities and great publishing houses for the production of honest information about health, which we hope will replace the ridiculous propaganda that is now being sent out haphazard.

E. O. Crossman, Medical Director United States Veterans' Bureau, has appointed a board of physicians to study the residual effects of war gases.

The study will necessitate the investigation of the present or recent condition of upward of 70,000 ex-service men of whom there are hospital records of having been gassed.

History of Medicine—The Committee of the California Medical Association now engaged in the study of the history of Western medicine, California medicine in particular, is making progress.

John W. Shuman, 2007 Wilshire Boulevard, Los Angeles, is actively engaged in the preparation of a history of the Los Angeles County Medical Association.

When all the data which are now being brought together on the development of medicine in the western United States is completed, there will be a splendid opportunity for some one competent to do that work to write an interesting narrative on the most important phases of its development.

The co-operation of all members with the California Medical Association committee, as well as the committees of the various counties, is urgently needed to make this work a success.

St. Luke's Hospital (San Francisco) Clinical Club held its regular meeting May 6, 1925, Leroy Brooks presiding. The subject of the day, "The Physiology and Pathology of the Hypophysis," was presented by F. C. Nass. In outlining his subject, he stated that the pituitary gland is one of the four glands of internal secretion that have particularly to do with the physical makeup of a person, especially with his growth. His growth may be affected by heredity, by environment—intrauterine and extrauterine—and by the subsequent workings of these glands. There are six conditions generally ascribed to pituitary disorders. They are: hypophyseal infantilism or dwarfism, or ateliosis; gigantism; acromegaly; adiposogenital dystrophy, with three main clinical types, the Froelich type, the Levi-Lorraine type, and the Neurath-Cushing type; diabetes insipidus; cachexia hypophyseopriva, or Simmonds' disease.

All varieties, grades and combinations of the above, and of these with other glands, especially of the gonads, the adrenals, less often the thyroid, are met with.

The anterior lobe has the only apparent hormone which affects growth, although at times it seems injurious to growth. There is evidence that it has another hormone which affects ovulation adversely. There are cytological and morphological indications of possibly three anterior lobe hormones. The middle lobe, the posterior lobe, the stem, and the region of the tuber cinereum are classified by Biedl as a sort of functional unit, and lesions in either one of these parts can bring on typical disturbance of metabolism, and he assumes that the active principle obtained from the posterior lobe is a middle lobe product. The posterior lobe product affects the circulation, the respiration, the carbohydrate metabolism, and the water and salt excretion by the kidney in a typical way.

Professor Evans and others refuse to consider the middle lobe function and a metabolic center as necessary.

Gentlemen, you are about to enter a noble and difficult profession; your success in it depends upon three things: First, a good and thorough knowledge of your profession; second, an industrious discharge of its duties; third, the preservation of your moral character. Without the first, knowledge, no one can wish you to succeed. Without the second, industry, you cannot succeed. Without the third, even if you do succeed, success can bring you no happiness.—Rudolph Matas, Address to Interns, New Orleans Medical and Surgical Journal.

READERS' FORUM

Selected short letters and abstracts from longer communications from readers are published when they remain within the bounds of decorum and law and contribute anything of value. Hereafter the name and address of the writer will be given. A pen name will be published on the author's request, and letters to the editor not intended for publication should be marked "personal."

Hermosa Beach, Calif., April 20, 1926.

Dear Editor: Many of the physicians in our section are watching with considerable concern the apparent tendency of county health activities toward state medicine. Recently in the adjoining town of Redondo Beach the medical profession made a practically unanimous protest to the city trustees against the encroaching activities of the county health department. Representatives of the women's club and the county health department were present in open meeting and apparently the doctors gained little but a loss in popularity.

A few days later the county health officer met with the Southwest Branch of the Los Angeles County Society at Torrance at which time their difficulties were discussed. The local physicians' contentions and grievances were about as follows:

1. Free baby clinic conducted at the women's club by the county health department gives medical advice and treatment, especially to the well-to-do, there being few poor in attendance. They reach the physicians' patients through the birth registration by sending a nurse to visit new mothers asking them to bring their babies for free advice to the clinic.

2. County health department advertises and gives free vaccination to all. The physicians contend those able to pay should come to the family physician.

3. School nurses give treatment and at times criticise physicians' treatment. They also give out cards of out-of-town physicians.

4. At times the impression is left with families under quarantine by the health department that the family physician is very much inferior to the personnel of the health department. One physician made the remark that he did not think any $150 per month man was his superior.

In reply the county health officer said in effect that:

1. Baby clinics are not intended for treatment being only educational. He admits they give feeding advice. (One of the physicians in reply says that feeding is 90 per cent of pediatrics. The objection here made by physicians is that through advertising and publicity patients are being weaned away from private doctors.) The health officer replied that there is nothing to hinder local men from running their own free clinic.

2. Free vaccination is a necessary public health measure and that many cultists will come to a public health office for vaccination who would not go to the physician. He claims that this all has educational value that in time would work great advantage to public and physician alike. (Some of the doctors were hard-boiled enough to think that a few deaths from smallpox among cultists were of vastly more educational value and in the end would be instrumental in saving many more lives; morbidity would be reduced, and the public would be enlightened and ultimately benefited.)

3. He seemed to think treatment of simple skin diseases by school nurses necessary as the only practical means of handling the situation. Recommendation or giving out of cards of physicians is not countenanced by the department, he states.

4. He seems to think his "diagnosticians" superior to general practitioners.

It is the general opinion of the physicians of this community that the above methods and activities are detrimental to both the public and the physician and tend toward state medicine. The health officer pooh-poohs the fear of state medicine. He also says that the public is demanding such activities and will have them; if not at the hands of the health department then from the department stores, etc. The former, in his opinion, is better.

He thinks the medical profession will have to accept them whether they like it or not.

Now the medical profession in this section are as willing as ever to give free service to the worthy poor, but do not care to run free clinics for the rich in opposition or otherwise to the county health department. I take it from your writings that the problems here are by no means unique, hence I write for suggestions and ask the following questions:

1. Would educational advertising in the daily press signed by the members of the local society or sponsored by the society be looked upon with disfavor, or as unethical by the state society of the American Medical Association?

2. Would educational personal letters written to a physician's clientele be unethical? As for instance, during our epidemic of smallpox a letter might be written to our clientele stating the existence of a virulent epidemic of smallpox, the advantages of vaccination, possibly including some statistics.

I can see some possible dangers in such activities, but please give us some advice as to what we are going to do.

Fraternally yours,
C. MAX ANDERSON, M. D.

The following from an experienced medical writer is pleasing compensation for hours of the most difficult part of editorial work:

"Thank you for your letter which I have just received along with my manuscript. I am very glad to have your comments and suggestions, and will make several alterations and omissions. I always appreciate constructive criticism that is based on an unbiased survey of any particular subject. Frequently it is difficult for an essayist to retain a proper perspective of his subject, being lost rather in a maze encountered by the labor required to accumulate and sift and criticize the material and then incorporate it into a paper. Hence the very great benefit that one derives from the opinions of another."

Madera, California, May 6, 1926.

Dr. Emma W. Pope, Secretary—CALIFORNIA AND WESTERN MEDICINE is a fine publication, and a credit, thanks to you.

You ask us to say how we liked the binding of the last issue. I like it very much indeed. It is in keeping with the material inside and out.

MARY RYERSON BUTIN.

San Rafael, California, May 5, 1926.

Dear Editor—I hereby thank you for giving me the opportunity, by contributing to Bedside Medicine for Bedside Doctors, to add my small share to the success of our magazine. Those most instructive opinions of the rank and file of the profession in the solution of their various problems are of the greatest value, and I am sure will be greatly appreciated.

J. H. KUSER, M. D.

The Oldest Medical Work in the World—This is the Egyptian papyrus written by a Nile physician 3500 years ago, detailing the methods to be pursued in dealing with fractured bones and head injuries. Forty-eight hypothetical cases are described by the ancient physician and treatment prescribed. Dr. James F. Breasted, the Egyptologist, said that the author showed a knowledge of brain functions which was not rediscovered until the present century. In the forty-eight prescriptions by this medical man, only once does he depart from science or common sense in favor of magic. The New York Historical Society has recently announced its plan for publishing this work.—New York Medical Week.

Perhaps the chief risk to which a so-called group system exposes itself is a failure to place responsibility on anything that is tangible. Groups melt like a mirage if things go wrong, and a patient with a wholly justifiable complaint may end up begging somebody's pardon for satisfaction.—Hugh Auchincloss, Journal A. M. A.

CALIFORNIA BOARD OF MEDICAL EXAMINERS

Items of Interest by C. B. Pinkham, M. D., Secretary-Treasurer

According to the Los Angeles Examiner of March 20, 1926, Miss Rena Amato has brought suit against Dr. W. E. Balsinger for leaving her nose in "a painful and disfigured condition" following an operation. However, Doctor Balsinger has answered by stating that whatever damage may have been done to her nose was due to her failure to return for further treatment as instructed.

The Los Angeles Herald of April 3, 1926, relates that Margery Fleming, who recently brought suit for $50,000 against W. E. Balsinger, plastic surgeon, for alleged disfiguring scars following an operation, had lost her suit.

An Associated Press dispatch dated Sacramento, March 20, relates that according to James Compton of the State Board of Chiropractic Examiners, eighty-two chiropractors have forfeited their licenses to practice in California as a result of failure to pay their license fee.

"Dr." Wilbur LeRoy Cosper, some time since convicted of violation of the Medical Practice Act, who lost his recent appeal, has decided to serve his ninety-day sentence and pay the $500 fine imposed following his conviction, according to the Oakland Times of April 29, 1926, which further relates that "testimony showed that he conducted the clinic of a score of his cult followers following the period of childbirth, and several witnesses testified that hilarity accompanied his administrations. . . . Prior to his conviction here, Cosper had attracted considerable attention in Oakland, where he conducted boxing bouts at his church. . . . " CALIFORNIA AND WESTERN MEDICINE in a prior issue has published the activities of "Bishop" LeRoy Cosper and his "Christian Philosophical Institute."

Mrs. Hjalmar de Danville, whose custom it is to dress in man's clothes, was found guilty of a charge of violation of the state Medical Practice Act in Superior Judge Harold Louderback's court, and was given a sentence of one year on probation today.—San Francisco Call, April 4, 1926.

According to the St. Louis, Missouri, Star of March 26, 1926, Dr. Elihu Fluesmeir, a graduate of the University of Missouri, and for the past thirty years a country doctor at Wright City, "was found guilty of embezzling $16,000 from his widowed mother-in-law, and his punishment fixed at two years in the penitentiary at Jefferson City."

According to the San Francisco Chronicle of March 31, R. Thompson Fowler of Oakland is again charged with a violation of the Medical Practice Act, and the case has been set for trial June 15 in the court of Superior Judge E. S. Church.

The San Francisco Chronicle of March 27, 1926, relates that Harry G. Henderson, special agent of the Board of Medical Examiners, had brought suit for $25,000 against Fong Wong, Oakland herb doctor, as the result of a charge which Wong caused to be inserted in the papers, conveying the meaning that Henderson had committed subordination of perjury on the occasion of Fong Wong's trial in Oakland on a charge of violation of the Medical Practice Act.

Walter J. Hendricks (Heinrichs), alleged doctor in Los Angeles, who is stated to have maintained offices in a drug store at Ninth and San Pedro streets, is reported to have been recently arrested by the state pharmacy inspectors on the charge of prescribing morphine without being a duly licensed physician, according to the Los Angeles Examiner of April 29, 1926, which further relates "Doctor Hendricks is declared to have written scores of prescriptions, and the drug store in question is said to have filled them. Police said it was the same drug company that filled a prescription several months ago that is declared to have caused the death of a babv."

According to the St. Louis Star of April 8, 1926, Dr. Ray B. Horton, who was prominently mentioned in connection with the diploma mill exposé, has lost his fight to restrain the Missouri board from hearing a citation to show cause why Horton's license should not be revoked, and the board heard the case on May 6, 1926.

Dr. Lewis T. A. Hotten, founder of the Charity-Anti-

Cancer League, was sentenced to two years in the federal penitentiary by United States Judge Henning yesterday. Hotten was accused of selling narcotics illegally, and his trial was one of the most sensational in the annals of the court here.—Los Angeles Illustrated Daily News, March 30, 1926.

A press clipping dated Washington, D. C., April 12, 1926, relates that the "United States Supreme Court today affirmed a Missouri State Supreme Court decision upholding the State Board of Health in suspending Leon Hurwitz, a licensed physician, from the practice of medicine in the state for fifteen years on a charge of performing an illegal operation." The California certificate of Leon Hurwitz was revoked after legal hearing on February 11, 1925, on the basis of conviction of violation of the federal narcotic law.

The San Francisco Call of May 8, 1926, printed a press dispatch dated Oskaloosa, Iowa, May 8, relating "James W. MacLennan, 38, president of Oskaloosa College, arrested Thursday by federal officers as the center of an alleged 'diploma mill' was found dead in a gas-filled basement hallway of his home today. . . . " During the investigation of the activities of the so-called national diploma mill, a number of credentials were found issued in the name of Oskaloosa College.

According to the Los Angeles Examiner of April 15, 1926, W. Roy Graham of Alhambra "was arrested yesterday charged with fraud, embezzlement and grand larceny, and lodged in the county jail on a complaint issued by the district attorney's office. The 'doctor,' whose claims to the title are believed fictitious and based merely on the fact that he is a corn doctor, is alleged to have defrauded Mr. and Mrs. Meek, 104 Las Tunas Street, Alhambra, out of $10,000. In the complaint he is charged with forty-two counts of grand larceny and embezzlement. According to the records of the district attorney's office, Graham was twice convicted of practicing medicine without a license. "Special Agent Carter of the Board of Medical Examiners some time since reported W. Roy Graham as using a serum showing the list price to be $38, which he injected; that following Graham's plea of guilty to violation of the Medical Practice Act and payment of a $200 fine, "Graham cheerfully admitted to the undersigned that his serum treatment was the bunk. . . . "

A press dispatch dated Sacramento, April 19, relates that Governor Richardson appointed Lester Daniels, D. O., Sacramento, and W. W. Vanderburgh, D. O., San Francisco, to succeed themselves as members of the Board of Osteopathic Examiners. Albert Victor Kalt, D. O., Pasadena, was named as a new member, vice Harry W. Forbes, D. O., resigned. More recent information states that Henry F. Miles, D. O., has been appointed, vice Norman F. Sprague, D. O.

The Los Angeles Herald of April 13 relates that Dr. D. Z. Levin, a physician, has brought suit for $50,000 against Thomas Deasy, whom he charges with having beaten him without provocation. The records of the Board of Medical Examiners show no physician by the name of D. Z. Levin licensed in this state.

Frederick King Lord, M. D., of Ceres, California, whose license to practice in this state was suspended for one year at the March, 1926, meeting, has appealed to the Superior Court of Los Angeles for a writ of review.

The Los Angeles Examiner of April 27, 1926, relates that Jules M. Marton, inventor of a method of removing hair, won the first round in the $175,000 damage suit brought against him by George Scott, a motion picture appliance manufacturer, who alleges he took a "permanent shave" from Marton, and that his face was badly burned. The records of the Board of Medical Examiners show that Jules Marton pleaded guilty to a violation of the Medical Practice Act in Los Angeles on November 19, 1924, and paid a fine of $100. A report relates that "in 1921 Jules M. Marton, who calls himself 'Consulting Chemist,' was advertising in Chicago papers that he could remove hair permanently with his 'Epilex-Ray' . . . that he sold franchises permitting others to use his methods in the eastern cities, for which he was to receive 25 per cent royalty."

Edgar Orlando Miller, also known as Orlando Edgar Miller, who has been given some prominence in the press of California, was recently given publicity in the Tulsa (Oklahoma) World of February 23, 1926, the article stating that Miller delivered discourses on "The Fine Art of Living" and that collections to defray expenses incident to hall rentals were taken at the meetings, while literature published by the "International Psychological Society of which Miller claims to be president is sold at meetings as an additional means of revenue." The article further relates that Dr. Donald A. Laird, head of the Psychological Laboratory of Colgate University and editor of a monthly magazine, "Industrial Psychology," had stated "bona fide psychologists look upon Miller as a mountebank who probably does more harm than good. He is certainly not qualified as a psychologist, and is not a member of any recognized psychological association or of the American Association for the Advancement of Science." In 1922 press dispatches related that Orlando E. Miller of Los Angeles, president and promoter of the Remilio Film Syndicate, had been ordered by the State Corporation Department to return to stockholders on their demand, money that had been raised for the enterprise, and a report from the Los Angeles Better Business Bureau estimated $640,000 would be returned to stockholders.

Recent press dispatches relate the arrest of Jacob L. Owen, M. D., on a charge of violating the State Poison Law, it being alleged that he sold to a local narcotic agent, without the formality of a physical examination, forty-eight one-quarter grains of morphine. Later reports relate that "Doctor Owen was fined $100 and his narcotic permit revoked as a result of testimony by police officers who told of making a purchase of twelve grains of morphine through a prescription written by the physician." Doctor Owen has been cited to appear before the Board of Medical Examiners at the coming July meeting to show cause why his license to practice in the state of California should not be revoked on the basis of the above violation.

Percy Purviance, dean of the Berkeley College of Chiropractic, is still keeping active his quarrel with the Board of Chiropractic Examiners. According to a press dispatch from the San Francisco Chronicle of March 25, 1926, he had a controversy with Chief Deputy District Attorney T. H. De Lappe of Contra Costa County when he "sought warrants for the arrest of A. B. Hinkley and other Richmond chiropractors on the ground that they had practiced illegally between the time that they had applied for their state licenses and the time the licenses were granted. . . . "

Recent articles in the San Francisco papers relate that the police are looking for "Dr." John W. Ramsey, who for a time occupied the position of resident physician at the St. Francis Hospital, one article relating that Ramsey was said to have recently purchased an expensive automobile and was said to have obtained approximately $6000 from colleagues on the hospital staff during recent months. Reports relate "Dr." Ramsey claimed to be a graduate of Washington University, St. Louis, 1908, but it is reported by said institution that the only individual by a similar name is Abdul Aziz Ramzy, who graduated in 1910, and in 1913 was alleged to be in Egypt; that there are only two other physicians by the name of John W. Ramsey, one of whom graduated from the University of Louisville School of Medicine in 1907, formerly a resident of Whitesville, Georgia, present address unknown, and the other named John Walter Ramsey, a graduate of Beaumont Hospital Medical College, St. Louis, Missouri, 1889, and a resident of Tilsit, Missouri.

The Los Angeles Times of March 24, 1926, relates that Dr. Fred K. Strasser, Hemet physician, has been held to answer to the Federal Grand Jury in Los Angeles to a charge of sale and possession of narcotics. "He maintained there was no evidence of sale and the federal officer had no right to arrest him when the narcotics were found in his professional office. The prosecution countered with the allegation that the narcotics found did not bear the federal stamp, this lack constituting a violation of the Harrison Narcotic Act. . . . "

The Glendale News of April 9, 1926, relates that the case of Dr. John Welborn, 1136 East Colorado Street, Pasadena, will be called before Police Judge F. H. Lowe this afternoon, he being charged with practicing chiro-

practic without a license. John Welborn is a licensed physician and surgeon.

The Los Angeles Examiner of March 26, 1926, relates: "Naming Dr. Thomas C. Williams, manager of the General Hospital at Vallejo as a member of the gigantic bandit ring with whom he himself was formerly connected, Herbert Wilson, ex-minister and mail robber, yesterday hurled a veritable bombshell while testifying in the court of Federal Judge James." The records of the Board of Medical Examiners do not show anyone by the name of Thomas C. Williams as licensed to practice in the state of California.

A recent interesting report from Los Angeles was made by a young lady who alleged she had been the principal in a fake beauty operation in which a well-known plastic surgeon "made up" her nose to look deformed and with a "movie" camera grinding away, went through a mock operation, this operation being proven a huge success in the "before" and "after" pictures by substituting a girl with a beautiful profile who had never been operated on, but who was chosen to pose for the "after" part of the picture.

A recent circular has been mailed to the chiropractors and drugless practitioners, appealing to them to use Bower's Health Foods, "Normallettes," accompanying the advertisement with a legal opinion to the effect that the use of "Normallettes" is not a violation of the limitation of the drugless practitioner certificate, nor of the chiropractic certificate. The circular further relates the various ailments for which "Normallettes" are to be prescribed. It is reported these "Normallettes" are sold by an individual in Long Beach who recently interviewed the special agent of the Board of Medical Examiners in Los Angeles in regard to the "sale of certain herb remedies" which he proposed to manufacture.

Rollie Jamison, who formerly operated the "Suggestive Therapeutic Clinic" in Los Angeles, was recently charged with violation of the Medical Practice Act, according to a report received from Special Agent Carter, complaint being based upon a charge by a young lady patient who related that Jamison insisted on her disrobing and being subjected to a physical examination as a part of his treatment. Reports relate the office door of Jamison shows the sign "R. N. Jamison, President I. S. S. A., Incorporated, Analytical Psychologist," it being related that the I. S. S. A. is not yet incorporated in California, but that the papers are ready for filing.

W. P. Seibert recently pleaded guilty in Los Angeles to a charge of violation of the Medical Practice Act and was sentenced to sixty days in the county jail, sentence suspended for a period of two years' according to a report from Special Agent Carter, who further relates that "Seibert holds a diploma from the Oriental University, Washington, D. C., dated June 8, 1916, conferring upon him the degree of 'Doctor Juris.' Seibert also holds a diploma from the Los Angeles College of Chiropractic, dated June 19, 1925, but according to latest reports is not licensed under the Chiropractic Board. The San Francisco Examiner of January 10, 1926, relates that "Bishop" Helmuth P. Holler, convicted of operating a fake diploma mill in connection with the Oriental University (Washington, D. C.) today was sentenced to two years in the penitentiary and fined $1000."

Culver R. Spencer recently pleaded guilty to a violation of the Medical Practice Act in Los Angeles and was sentenced to serve sixty days in the county jail, said sentence suspended for a period of two years, according to a report from Special Agent Carter of the Board of Medical Examiners, who further relates that Spencer recently came here from Denver, Colorado, where he stated he practiced for eight years without a license.

Special Agent Carter reports the recent arrest of Masaki Tanimoto for violation of the Medical Practice Act in Los Angeles, where he is known among the Japanese as a "bone-setter." Tanimoto is recently alleged to have treated a broken leg of a little Japanese girl, with the result that the x-ray picture is said to have shown an overlapping of one inch, with resultant shortening, it being further alleged that the father of the little girl paid M. Tanimoto $150 of the $300 fee for treatment.

M. O. R. C.

They didn't raise their boy to be a soldier;
They much preferred to raise him as a pet,
They didn't want him taught
How these naughty wars are fought,
And the using of a gun and bayonet.

They figure if you never talked of warfare,
Abolished patriotic songs complete,
And have histories redone,
Ousting Yorktown and Bull Run,
He would think that wars are something people eat.

If the army and navy were unmentioned,
Just ignoring that they ever did exist,
All the uniforms eschewed,
Brass bands utterly tabooed,
Then he'd certainly grow up a pacifist.

So he lived a life of peaceful vegetation
On a ladylike, inconsequential plan,
Full of happiness and joy,
Mamma's perfect little boy
Till the guns commenced to shoot and war began.

—Detroit Saturday Night.

Other matters pertaining to this department are held for publication in subsequent issues because of lack of space incident to the annual sessions of the state medical associations.

FUTURE MEDICAL MEETINGS

All Western medical and health agency organizations are invited to keep California and Western Medicine supplied with the dates, name and address of executive officer of coming meetings for insertion in this directory.

American Medical Association, Olin West, Chicago, Secretary and General Manager, ———, Washington, D. C.

California Medical Association, Emma W. Pope, Balboa Building, Secretary, ———, Los Angeles.

Nevada Medical Association, Horace J. Brown, Reno, Secretary, September 24-25, Reno, Nevada.

Utah Medical Association, Frank B. Steele, Salt Lake City, Secretary, ———.

Pacific Coast Surgical Association, Edgar L. Gilcreest, San Francisco, Secretary, February, 1927, Del Monte.

Pacific Northwest Medical Association, Frederick Epplen, Spokane, Secretary, July 1-3, Spokane.

Pacific Coast Oto-Ophthalmological Society, Kaspar Pischel, San Francisco, President, ———.

Northern California Medical Association, John D. Lawson, Woodland, Secretary, ———.

California Association of Physiotherapists, Miss Mabel Penfield, 560 Sutter Street, San Francisco, Secretary, ———.

Southern California Medical Association, C. T. Sturgeon, 1136 West Sixth Street, Los Angeles, Secretary, ———.

California Association of Medical Social Workers, Mrs. Sophie Mersing, Mount Zion Hospital, San Francisco, Secretary, ———.

Medical Women's National Association, Lena K. Sadler, 533 Diversey Parkway, Chicago, Secretary, ———.

California State Nurses' Association, Mrs. J. H. Taylor, 74 New Montgomery Street, San Francisco, Secretary, June 28 to July 2, Long Beach, California.

American Association for the Advancement of Science, Pacific Division, W. W. Sargent, Secretary Mills College, June 16-19, 1926.

In the attempt to correlate the life of a child to present-day social, educational, and economic conditions, it should be remembered that the physical and mental evolution of the race has been a slow process, while the social and economic conditions now facing us have descended like an avalanche during the last half century. This great difference in rates of progress between heredity and environment has produced conditions requiring long and careful study for their satisfactory adjustment.—The Nation's Health, April, 1926.

Probably no one but has had patients who have come from some institution where every conceivable medical analysis has been carried out without clearing a problem requiring only time, ordinary knowledge and common sense to solve. Just as true is it that institutes and groups may thrive on the errors of omission and commission of the individual.—Hugh Auchincloss, Journal A. M. A.

Index—California and Western Medicine Volume XXIV, January to June, 1926

CALIFORNIA AND WESTERN MEDICINE has grown to a size where it is no longer possible to bind the twelve issues of one year in the same volume. Therefore, beginning with this year, there will be two volumes a year, one covering the six issues from January to June, inclusive, and the other from July to December, inclusive. Volumes will be numbered serially as heretofore, and each volume will be supplied with an index.

In preparing the index to this volume, we have followed the method of an alphabetical subject and author index combined. It is not as full perhaps as it should be, because it would take most of the time of an indexing secretary to prepare as complete an index as we would like to see. However, it is full enough so that any major subject discussed during the year, and the names of all authors, may be readily located.

An ever-enlarging circle of physicians who read systematically are finding the Cumulative Index published quarterly by the A. M. A., and sold for a nominal subscription, of incalculable value. Everything published in CALIFORNIA AND WESTERN MEDICINE, as well as all other worthwhile medical magazines, is completely indexed in the "Cumulative" in a most complete author and subject index. Our editorial staff use this volume constantly.—EDITOR.

EDITORIALS

MEDICAL ASSOCIATIONS

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